



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
EMILY's List

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

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 .....	1343606.98									
(c) Total Receipts (from Line 19) .....	1410230.22	4986688.33								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	2753837.20	5247057.70								
7. Total Disbursements (from Line 31) .....	1423521.17	3916741.67								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1330316.03	1330316.03								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
EMILY's List

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

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	574016.30	2007263.42
(i) Itemized (use Schedule A) .....	392008.38	1842388.69
(ii) Unitemized .....	966024.68	3849652.11
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	11000.00	19435.81
(c) Other Political Committees (such as PACs) .....	977024.68	3869087.92
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
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) .....	7924.73	102354.49
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	7462.89	11011.44
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	417817.92	1004234.48
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	417817.92	1004234.48
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1410230.22	4986688.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	992412.30	3982453.85

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	386809.23	1083994.89
(ii) Non-Federal Share.....	386810.88	1083999.27
(b) Other Federal Operating Expenditures.....	621705.06	1490468.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1395325.17	3658462.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22680.00	33824.52
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	200000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	3466.00	6402.00
(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)) .....	3466.00	6402.00
29. Other Disbursements.....	2050.00	18052.50
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))..	1423521.17	3916741.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1036710.29	2832742.40

**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) .....	977024.68	3869087.92
34. Total Contribution Refunds (from Line 28(d)) .....	3466.00	6402.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	973558.68	3862685.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1008514.29	2574463.38
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	7924.73	102354.49
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1000589.56	2472108.89

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 / 2428

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-1119

**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 03 / 02 / 2007	TOTAL AMOUNT TRANSFERRED 56948.90
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BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....		54448.90	Transaction ID: H3-EL-1120
ii) Generic Voter Drive .....			Transaction ID:
iii) Exempt Activities .....			Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)			
a) PSP07	2500.00	Transaction ID: H3-EL-1121	
b)		Transaction ID:	
c) Total Amount Transferred for Direct Fundraising .....		2500.00	
v) Direct Candidate Support (List of Activity or Event Identifier)			
a)		Transaction ID:	
b)		Transaction ID:	
c) Total Amount Transferred For Direct Candidate Support .....			
vi) Public Communications Referring Only to Party (Made by PAC)			Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

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

NAME OF COMMITTEE (In Full)  
 EMILY's List

NAME OF ACCOUNT Merrill Lynch-NF#4	DATE OF RECEIPT M M / D D / Y Y Y Y 03 / 09 / 2007	TOTAL AMOUNT TRANSFERRED 144030.48
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**BREAKDOWN OF TRANSFER RECEIVED**

i) <b>Total Administrative</b> .....		142575.26	Transaction ID: H3-EL-1122
ii) <b>Generic Voter Drive</b> .....			Transaction ID:
iii) <b>Exempt Activities</b> .....			Transaction ID:
iv) <b>Direct Fundraising</b> (List Activity or Event Identifier)			
a) PSP07	1455.22	Transaction ID: H3-EL-1123	
b)		Transaction ID:	
c) Total Amount Transferred for Direct Fundraising .....		1455.22	
v) <b>Direct Candidate Support</b> (List of Activity or Event Identifier)			
a)		Transaction ID:	
b)		Transaction ID:	
c) Total Amount Transferred For Direct Candidate Support .....			
vi) <b>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 <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	7	TOTAL AMOUNT TRANSFERRED <table border="1"> <tr> <td>34417.25</td> </tr> </table>	34417.25
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	6		2	0	0	7														
34417.25																							

BREAKDOWN OF TRANSFER RECEIVED			
<b>i) Total Administrative</b> .....		<table border="1"> <tr> <td>28870.07</td> </tr> </table> <b>Transaction ID:</b> H3-EL-1124	28870.07
28870.07			
<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) PSP07	<table border="1"> <tr> <td>5547.18</td> </tr> </table>	5547.18	<b>Transaction ID:</b> H3-EL-1125
5547.18			
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>5547.18</td> </tr> </table>	5547.18
5547.18			
<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 <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	7	TOTAL AMOUNT TRANSFERRED <table border="1"> <tr> <td>102997.39</td> </tr> </table>	102997.39
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	3		2	0	0	7														
102997.39																							

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	<table border="1"><tr><td>102997.39</td></tr></table>	102997.39	<b>Transaction ID:</b> H3-EL-1126
102997.39			
<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#1	DATE OF RECEIPT M M / D D / Y Y Y Y 03 / 23 / 2007	TOTAL AMOUNT TRANSFERRED 13629.01
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BREAKDOWN OF TRANSFER RECEIVED

<b>i) Total Administrative</b> .....	13629.01	Transaction ID: H3-EL-1127
<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 Bank of America-NF- #3	DATE OF RECEIPT M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7	TOTAL AMOUNT TRANSFERRED 29671.20
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BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative .....		29171.44 Transaction ID: H3-EL-1128
ii) Generic Voter Drive .....		Transaction ID:
iii) Exempt Activities .....		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) PSP07	499.76	Transaction ID: H3-EL-1129
b)		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		499.76
v) Direct Candidate Support (List of Activity or Event Identifier)		
a)		Transaction ID:
b)		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

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

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

NAME OF COMMITTEE (In Full)  
 EMILY's List

NAME OF ACCOUNT Merrill Lynch-NF#4	DATE OF RECEIPT M M / D D / Y Y Y Y 03 / 30 / 2007	TOTAL AMOUNT TRANSFERRED 36123.69
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BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative .....		35556.12 Transaction ID: H3-EL-1130
ii) Generic Voter Drive .....		Transaction ID:
iii) Exempt Activities .....		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) PSP07	567.57	Transaction ID: H3-EL-1131
b)		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		567.57
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) .....	407248.19
TOTAL This Period (Generic Voter Drive) .....	0.00
TOTAL This Period (Exempt Activities) .....	0.00
TOTAL This Period (Direct Fundraising) .....	10569.73
TOTAL This Period (Direct Candidate Support) .....	0.00
TOTAL This Period (Public Communications Referring Only to Party) .....	0.00
TOTAL This Period (Total Amount Transferred) .....	417817.92

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

NAME OF COMMITTEE (In Full)  
EMILY's List

**A. Full Name (Last, First, Middle Initial)**  
100 Spear Street Owners' Corp

Mailing Address  
PO Box 10297

City State Zip Code  
Newark NJ 07193-0297

Purpose of Disbursement:  
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

1361072.63

Activity or Event Identifier:  
AVD07

Date 03 / 01 / 2007

Transaction ID: H4-108074

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
398.06		398.07		796.13

**B. 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

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

34331.59

Activity or Event Identifier:  
PSP07

Date 03 / 01 / 2007

Transaction ID: H4-108078

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
117.02		117.02		234.04

**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:  
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

34436.09

Activity or Event Identifier:  
PSP07

Date 03 / 01 / 2007

Transaction ID: H4-108079

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.25		52.25		104.50

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
567.33		567.34		1134.67

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

**A. Full Name (Last, First, Middle Initial)**  
Campaign Team, Inc. c/o Anna Lidman

Mailing Address  
37 Brookview Terrace

City	State	Zip Code
Portland	ME	04102

Purpose of Disbursement:  
Travel/ Accommodations

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  
34475.23

Date  /  /   
**Transaction ID:** H4-108080

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
19.57		19.57		39.14

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

Mailing Address  
1050 Thomas Jefferson St., #100

City	State	Zip Code
Washington	DC	20007

Purpose of Disbursement:  
Parking Fees

Activity or Event Identifier:  
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  
1362542.63

Date  /  /   
**Transaction ID:** H4-108081

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
735.00		735.00		1470.00

**C. 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:  
Travel/ Accommodations

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  
1362608.39

Date  /  /   
**Transaction ID:** H4-108083

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
32.88		32.88		65.76

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
787.45		787.45		1574.90

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

FEDERAL 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

1363142.72

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
03 / 01 / 2007

Transaction ID: H4-108084

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
267.16		267.17		534.33

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

Mailing Address  
P. O. Box 371461

City State Zip Code  
Pittsburg PA 15250-7461

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

34536.25

Activity or Event Identifier:  
PSP07

Date MM / DD / YYYY  
03 / 01 / 2007

Transaction ID: H4-108086

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.51		30.51		61.02

**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

34586.25

Activity or Event Identifier:  
PSP07

Date MM / DD / YYYY  
03 / 01 / 2007

Transaction ID: H4-108087

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
322.67		322.68		645.35

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

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

Mailing Address  
50 East 89th Street 6E

City State Zip Code  
New York NY 10128

Purpose of Disbursement:  
Travel/ Accommodations

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

34669.95

Date MM / DD / YYYY  
03 / 01 / 2007

Transaction ID: H4-108088

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
41.85		41.85		83.70

**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:  
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

34869.95

Date MM / DD / YYYY  
03 / 01 / 2007

Transaction ID: H4-108089

See Attached Memo Entry

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
100.00		100.00		200.00

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

Mailing Address  
P. O. Box 95101

City State Zip Code  
Chicago IL 60694-5101

Purpose of Disbursement:  
Insurance Health/Life

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

1390980.71

Date MM / DD / YYYY  
03 / 01 / 2007

Transaction ID: H4-108092

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13918.99		13919.00		27837.99

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14060.84		14060.85		28121.69

**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> The Guardian			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P. O. Box 95101			Allocated Activity or Event Year-To-Date 1400101.87		
City Chicago	State IL	Zip Code 60694-5101	Date <input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Insurance Health/Life			Transaction ID: H4-108093		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4560.58		4560.58		9121.16

<b>B. Full Name (Last, First, Middle Initial)</b> The Guardian			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P. O. Box 95101			Allocated Activity or Event Year-To-Date 1400171.25		
City Chicago	State IL	Zip Code 60694-5101	Date <input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Insurance Health/Life			Transaction ID: H4-108094		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.69		34.69		69.38

<b>C. Full Name (Last, First, Middle Initial)</b> The Hertz Corporation			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 268920			Allocated Activity or Event Year-To-Date 1400570.92		
City Oklahoma City	State OK	Zip Code 73126-9892	Date <input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Repairs Maintainence			Transaction ID: H4-108095		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
199.83		199.84		399.67

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4795.10		4795.11		9590.21

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

<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 1400618.92																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</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: H4-108096			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	1	/	2	0	0	7
M	M	/				D	D	/	Y	Y	Y	Y													
0	3	/	0	1	/	2	0	0	7																
Arlington	VA	22207																							
Purpose of Disbursement: Travel/ Accommodations			Category/ Type																						
Activity or Event Identifier: AVD07																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.00		24.00		48.00

<b>B. Full Name (Last, First, Middle Initial)</b> Ikon Office Solutions			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address P.O. Box 827468			Allocated Activity or Event Year-To-Date 1400740.86																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</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: H4-108097			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	1	/	2	0	0	7
M	M	/				D	D	/	Y	Y	Y	Y													
0	3	/	0	1	/	2	0	0	7																
Philadelphia	PA	19182-7468																							
Purpose of Disbursement: Equipment Maintenance			Category/ Type																						
Activity or Event Identifier: AVD07																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
60.97		60.97		121.94

<b>C. Full Name (Last, First, Middle Initial)</b> Interstate 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 30091			Allocated Activity or Event Year-To-Date 34885.45																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</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: H4-108098			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	1	/	2	0	0	7
M	M	/				D	D	/	Y	Y	Y	Y													
0	3	/	0	1	/	2	0	0	7																
Bethesda	MD	20824																							
Purpose of Disbursement: Deliveries			Category/ Type																						
Activity or Event Identifier: PSP07																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.75		7.75		15.50

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
92.72		92.72		185.44

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> Lexis Nexis			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 7247-7090			Allocated Activity or Event Year-To-Date 36217.90		
City Philadelphia	State PA	Zip Code 19170	Date <input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Computer Services			Transaction ID: H4-108101		
Activity or Event Identifier: PSP07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
666.22		666.23		1332.45

<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 36270.56		
City Houston	State TX	Zip Code 77005	Date <input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Travel/ Accommodations			Transaction ID: H4-108102		
Activity or Event Identifier: PSP07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.33		26.33		52.66

<b>C. 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 36278.01		
City Houston	State TX	Zip Code 77005	Date <input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Office Supplies Expenses			Transaction ID: H4-108103		
Activity or Event Identifier: See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.72		3.73		7.45

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
696.27		696.29		1392.56

**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> 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 36527.61		
City State Zip Code Houston TX 77005	Category/ Type		Date MM / DD / YYYY 03 / 01 / 2007		
Purpose of Disbursement: Telephone			Transaction ID: H4-108104		
Activity or Event Identifier: PSP07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
124.80		124.80		249.60

<b>B. Full Name (Last, First, Middle Initial)</b> Progressive Wisconsin, Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 203 S. Paterson St. Suite 400			Allocated Activity or Event Year-To-Date 1401676.86		
City State Zip Code Madison WI 53704	Category/ Type		Date MM / DD / YYYY 03 / 01 / 2007		
Purpose of Disbursement: Rent			Transaction ID: H4-108133		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
468.00		468.00		936.00

<b>C. Full Name (Last, First, Middle Initial)</b> Progressive Wisconsin, Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 203 S. Paterson St. Suite 400			Allocated Activity or Event Year-To-Date 1401910.86		
City State Zip Code Madison WI 53704	Category/ Type		Date MM / DD / YYYY 03 / 01 / 2007		
Purpose of Disbursement: Rent			Transaction ID: H4-108134		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
117.00		117.00		234.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
709.80		709.80		1419.60

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Progressive Wisconsin, Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																		
Mailing Address 203 S. Paterson St.   Suite 400			Allocated Activity or Event Year-To-Date 1402060.86																		
City   State   Zip Code Madison   WI   53704	Category/ Type		Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>3</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>1</td></tr></table> / <table border="1"><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	0	3	D	D	0	1	Y	Y	Y	Y	2	0	0	7
M	M																				
0	3																				
D	D																				
0	1																				
Y	Y	Y	Y																		
2	0	0	7																		
Purpose of Disbursement: Telephone			Transaction ID: H4-108135																		
Activity or Event Identifier: AVD07																					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
75.00		75.00		150.00

<b>B. Full Name (Last, First, Middle Initial)</b> Progressive Wisconsin, Inc.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																		
Mailing Address 203 S. Paterson St.   Suite 400			Allocated Activity or Event Year-To-Date 1402135.86																		
City   State   Zip Code Madison   WI   53704	Category/ Type		Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>3</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>1</td></tr></table> / <table border="1"><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	0	3	D	D	0	1	Y	Y	Y	Y	2	0	0	7
M	M																				
0	3																				
D	D																				
0	1																				
Y	Y	Y	Y																		
2	0	0	7																		
Purpose of Disbursement: Telephone			Transaction ID: H4-108136																		
Activity or Event Identifier: AVD07																					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.50		37.50		75.00

<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 1402223.92																		
City   State   Zip Code Silver Spring   MD   20910	Category/ Type		Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>3</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>1</td></tr></table> / <table border="1"><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	0	3	D	D	0	1	Y	Y	Y	Y	2	0	0	7
M	M																				
0	3																				
D	D																				
0	1																				
Y	Y	Y	Y																		
2	0	0	7																		
Purpose of Disbursement: Office Supplies Expenses			Transaction ID: H4-108145																		
Activity or Event Identifier: AVD07																					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.03		44.03		88.06

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
156.53		156.53		313.06

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> United Parcel 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 P. O. Box 7247-0244			Allocated Activity or Event Year-To-Date 1402373.38		
City Philadelphia	State PA	Zip Code 19170-0001	Date MM / DD / YYYY 03 / 01 / 2007		
Purpose of Disbursement: Deliveries			Transaction ID: H4-108147		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
74.73		74.73		149.46

<b>B. 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 36560.62		
City Philadelphia	State PA	Zip Code 19170-0001	Date MM / DD / YYYY 03 / 01 / 2007		
Purpose of Disbursement: Deliveries			Transaction ID: H4-108148		
Activity or Event Identifier: PSP07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.50		16.51		33.01

<b>C. Full Name (Last, First, Middle Initial)</b> United Parcel 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 P. O. Box 7247-0244			Allocated Activity or Event Year-To-Date 1402551.38		
City Philadelphia	State PA	Zip Code 19170-0001	Date MM / DD / YYYY 03 / 01 / 2007		
Purpose of Disbursement: Deliveries			Transaction ID: H4-108150		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
89.00		89.00		178.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
180.23		180.24		360.47

**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)**  
United Parcel Service

Mailing Address  
P. O. Box 7247-0244

City State Zip Code  
Philadelphia PA 19170-0001

Purpose of Disbursement:  
Deliveries

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

1402814.77

Date MM / DD / YYYY  
03 / 01 / 2007

Transaction ID: H4-108151

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
131.69		131.70		263.39

**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

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

36725.05

Date MM / DD / YYYY  
03 / 01 / 2007

Transaction ID: H4-108152

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
82.21		82.22		164.43

**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

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

1402867.55

Date MM / DD / YYYY  
03 / 01 / 2007

Transaction ID: H4-108154

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.39		26.39		52.78

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
240.29		240.31		480.60

**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

<b>A. 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 36763.36		
City Philadelphia	State PA	Zip Code 19170-0001	Date MM / DD / YYYY 03 / 01 / 2007		
Purpose of Disbursement: Deliveries			Transaction ID: H4-108155		
Activity or Event Identifier: PSP07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
19.15		19.16		38.31

<b>B. Full Name (Last, First, Middle Initial)</b> Verizon			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 1100			Allocated Activity or Event Year-To-Date 36855.02		
City Albany	State NY	Zip Code 12250-0001	Date MM / DD / YYYY 03 / 01 / 2007		
Purpose of Disbursement: Telephone			Transaction ID: H4-108157		
Activity or Event Identifier: PSP07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
45.83		45.83		91.66

<b>C. Full Name (Last, First, Middle Initial)</b> Verizon Wireless			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 25506			Allocated Activity or Event Year-To-Date 1402917.27		
City Lehigh Valley	State PA	Zip Code 18002-5506	Date MM / DD / YYYY 03 / 01 / 2007		
Purpose of Disbursement: Telephone			Transaction ID: H4-108158		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.86		24.86		49.72

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
89.84		89.85		179.69

**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> Verizon Wireless			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 790406			Allocated Activity or Event Year-To-Date 1403026.90		
City	State	Zip Code	Category/Type		
St. Louis	MO	63179-0406			
Purpose of Disbursement: Telephone					
Activity or Event Identifier: AVD07			Date <input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108159		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
54.81		54.82		109.63

<b>B. Full Name (Last, First, Middle Initial)</b> Working Assets			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 2041			Allocated Activity or Event Year-To-Date 1403614.23		
City	State	Zip Code	Category/Type		
Mechanicsburg	PA	17055			
Purpose of Disbursement: Telephone					
Activity or Event Identifier: AVD07			Date <input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108160		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
293.66		293.67		587.33

<b>C. Full Name (Last, First, Middle Initial)</b> Patricia Williams			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3 Wyndham Drive			Allocated Activity or Event Year-To-Date 36972.87		
City	State	Zip Code	Category/Type		
Portola Valley	CA	94028			
Purpose of Disbursement: Telephone					
Activity or Event Identifier: PSP07 See Attached Memo Entry			Date <input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108162		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
58.92		58.93		117.85

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
407.39		407.42		814.81

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

FEDERAL 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 type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3 Wyndham Drive			Allocated Activity or Event Year-To-Date 37007.92		
City Portola Valley	State CA	Zip Code 94028	Date MM / DD / YYYY 03 / 01 / 2007		
Purpose of Disbursement: Travel/ Accommodations			Transaction ID: H4-108163		
Activity or Event Identifier: PSP07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.52		17.53		35.05

<b>B. Full Name (Last, First, Middle Initial)</b> Bank of America			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 Attn: Los Angeles Standby 1000 W. Temple Street			Allocated Activity or Event Year-To-Date 1435711.23		
City Los Angeles	State CA	Zip Code 90012-1514	Date MM / DD / YYYY 03 / 01 / 2007		
Purpose of Disbursement: Taxes - Corporate			Transaction ID: H4-108173		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16048.50		16048.50		32097.00

<b>C. Full Name (Last, First, Middle Initial)</b> John Hancock c/o City Bank Delaware			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1615 Brett Road Lock Box 7122			Allocated Activity or Event Year-To-Date 1449037.60		
City New Castle	State DE	Zip Code 19720	Date MM / DD / YYYY 03 / 01 / 2007		
Purpose of Disbursement: Employment Pension/ 401(k)			Transaction ID: H4-108919		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6663.18		6663.19		13326.37

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22729.20		22729.22		45458.42

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

FEDERAL 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> Armfield Harrison & Thomas 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 20 South King Street			Allocated Activity or Event Year-To-Date 1451517.60		
City Leesburg	State VA	Zip Code 20175	Date MM / DD / YYYY 03 / 08 / 2007		
Purpose of Disbursement: Insurance General			Transaction ID: H4-108215		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1240.00		1240.00		2480.00

<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 1451564.19		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date MM / DD / YYYY 03 / 08 / 2007		
Purpose of Disbursement: Travel/Accommodation /Meals			Transaction ID: H4-108219		
Activity or Event Identifier: AVD07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.29		23.30		46.59

<b>C. Full Name (Last, First, Middle Initial)</b> Campaign Team, Inc. c/o 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 37142.92		
City Portland	State ME	Zip Code 04102	Date MM / DD / YYYY 03 / 08 / 2007		
Purpose of Disbursement: Internet Services			Transaction ID: H4-108230		
Activity or Event Identifier: PSP07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
67.50		67.50		135.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1330.79		1330.80		2661.59

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

Mailing Address  
37 Brookview Terrace

City State Zip Code  
Portland ME 04102

Purpose of Disbursement:  
Postage

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

37184.36

Date MM / DD / YYYY  
03 / 08 / 2007

Transaction ID: H4-108231

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.72		20.72		41.44

**B. 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

37374.36

Date MM / DD / YYYY  
03 / 08 / 2007

Transaction ID: H4-108232

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
95.00		95.00		190.00

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

Mailing Address  
Suite 320 2201 Wisconsin Ave., NW

City State Zip Code  
Washington, DC 20007

Purpose of Disbursement:  
Accounting

Category/  
Type

Activity or Event Identifier:  
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

1460521.69

Date MM / DD / YYYY  
03 / 08 / 2007

Transaction ID: H4-108236

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4478.75		4478.75		8957.50

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4594.47		4594.47		9188.94

**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> Judy Loeb Goldfein			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 50 East 89th Street 6E			Allocated Activity or Event Year-To-Date 37712.86		
City New York	State NY	Zip Code 10128	Date MM / DD / YYYY 03 / 08 / 2007		
Purpose of Disbursement: Travel/ Accommodations			Category/Type		
Activity or Event Identifier: PSP07			Transaction ID: H4-108237		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
169.25		169.25		338.50

<b>B. 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 1460606.29		
City Palatine	State IL	Zip Code 60095	Date MM / DD / YYYY 03 / 08 / 2007		
Purpose of Disbursement: Office Supplies Expenses			Category/Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-108238		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
42.30		42.30		84.60

<b>C. Full Name (Last, First, Middle Initial)</b> Rochelle Sachs Levin			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 22800 SW 157th Avenue			Allocated Activity or Event Year-To-Date 37993.93		
City Miami	State FL	Zip Code 33170	Date MM / DD / YYYY 03 / 08 / 2007		
Purpose of Disbursement: Telephone			Category/Type		
Activity or Event Identifier: PSP07 See Attached Memo Entry			Transaction ID: H4-108242		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
140.53		140.54		281.07

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
352.08		352.09		704.17

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> MCI			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 85053			Allocated Activity or Event Year-To-Date 38032.70		
City Louisville	State KY	Zip Code 40285	Date MM / DD / YYYY 03 / 08 / 2007		
Purpose of Disbursement: Telephone			Transaction ID: H4-108246		
Activity or Event Identifier: PSP07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
19.38		19.39		38.77

<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 38087.04		
City Houston	State TX	Zip Code 77005	Date MM / DD / YYYY 03 / 08 / 2007		
Purpose of Disbursement: Internet Services			Transaction ID: H4-108247		
Activity or Event Identifier: PSP07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.17		27.17		54.34

<b>C. 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 38145.77		
City Houston	State TX	Zip Code 77005	Date MM / DD / YYYY 03 / 08 / 2007		
Purpose of Disbursement: Travel/ Accommodations			Transaction ID: H4-108248		
Activity or Event Identifier: PSP07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.36		29.37		58.73

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
75.91		75.93		151.84

**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> 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 38326.21		
City State Zip Code Houston TX 77005	Category/ Type		Date MM / DD / YYYY 03 / 08 / 2007		
Purpose of Disbursement: Telephone			Transaction ID: H4-108249		
Activity or Event Identifier: PSP07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
90.22		90.22		180.44

<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 38393.21		
City State Zip Code Houston TX 77005	Category/ Type		Date MM / DD / YYYY 03 / 08 / 2007		
Purpose of Disbursement: Travel/ Accommodations			Transaction ID: H4-108250		
Activity or Event Identifier: PSP07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.50		33.50		67.00

<b>C. Full Name (Last, First, Middle Initial)</b> Perkins Coie			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1201 Third Avenue 40th Floor			Allocated Activity or Event Year-To-Date 1465068.29		
City State Zip Code Seattle WA 98101-3099	Category/ Type		Date MM / DD / YYYY 03 / 08 / 2007		
Purpose of Disbursement: Legal Services			Transaction ID: H4-108252		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2231.00		2231.00		4462.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2354.72		2354.72		4709.44

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> Perkins Coie			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1201 Third Avenue   40th Floor			Allocated Activity or Event Year-To-Date 1476575.79		
City	State	Zip Code	Date <input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2007"/>		
Seattle	WA	98101-3099			
Purpose of Disbursement: Legal Services			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-108253		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5753.75		5753.75		11507.50

<b>B. Full Name (Last, First, Middle Initial)</b> Perkins Coie			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1201 Third Avenue   40th Floor			Allocated Activity or Event Year-To-Date 1476576.42		
City	State	Zip Code	Date <input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2007"/>		
Seattle	WA	98101-3099			
Purpose of Disbursement: Postage			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-108254		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.31		0.32		0.63

<b>C. Full Name (Last, First, Middle Initial)</b> Perkins Coie			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1201 Third Avenue   40th Floor			Allocated Activity or Event Year-To-Date 1476577.23		
City	State	Zip Code	Date <input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2007"/>		
Seattle	WA	98101-3099			
Purpose of Disbursement: Telephone			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-108255		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.40		0.41		0.81

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5754.46		5754.48		11508.94

**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

**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

1481878.64

Activity or Event Identifier:  
AVD07

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	8	/	2	0	0	7

Transaction ID: H4-108261

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2650.70		2650.71		5301.41

**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

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

1481902.33

Activity or Event Identifier:  
AVD07

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	8	/	2	0	0	7

Transaction ID: H4-108263

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.84		11.85		23.69

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

Mailing Address

Dept DC 85105 PO Box 30851

City	State	Zip Code
Hartford	CT	06150-0851

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

1482014.52

Activity or Event Identifier:  
AVD07

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	8	/	2	0	0	7

Transaction ID: H4-108264

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.09		56.10		112.19

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2718.63		2718.66		5437.29

**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> 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 38628.21		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Postage			Transaction ID: H4-108291		
Activity or Event Identifier: PSP07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
117.50		117.50		235.00

<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 40802.47		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Travel/ Accommodations			Transaction ID: H4-108292		
Activity or Event Identifier: PSP07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1087.13		1087.13		2174.26

<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 40890.16		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Computer Services			Transaction ID: H4-108295		
Activity or Event Identifier: PSP07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
43.84		43.85		87.69

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1248.47		1248.48		2496.95

**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> 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 41139.07		
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="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108296		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
124.45		124.46		248.91

<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 41167.16		
City	State	Zip Code	Category/Type		
Ft Lauderdale	FL	33336-0001			
Purpose of Disbursement: Publication & Dues					
Activity or Event Identifier: PSP07 See Attached Memo Entry			Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108297		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.04		14.05		28.09

<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 42157.46		
City	State	Zip Code	Category/Type		
Ft Lauderdale	FL	33336-0001			
Purpose of Disbursement: Travel/ Accommodations					
Activity or Event Identifier: PSP07 See Attached Memo Entry			Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108298		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
495.15		495.15		990.30

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
633.64		633.66		1267.30

**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 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 Suite 0001			Allocated Activity or Event Year-To-Date 42300.02		
City	State	Zip Code	Category/ Type		
Chicago	IL	60679-0001			
Purpose of Disbursement: Publication & Dues					
Activity or Event Identifier: PSP07 See Attached Memo Entry			Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108299		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
71.28		71.28		142.56

<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 1484506.02		
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="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108301		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1245.75		1245.75		2491.50

<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 1484601.29		
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="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108302		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.63		47.64		95.27

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1364.66		1364.67		2729.33

**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> 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 1484761.29		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Publication & Dues			Transaction ID: H4-108303		
Activity or Event Identifier: AVD07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
80.00		80.00		160.00

<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 1484784.73		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Office Supplies Expenses			Transaction ID: H4-108304		
Activity or Event Identifier: AVD07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.72		11.72		23.44

<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 1485234.73		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Publication & Dues			Transaction ID: H4-108305		
Activity or Event Identifier: AVD07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
225.00		225.00		450.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
316.72		316.72		633.44

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

<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 2853			Allocated Activity or Event Year-To-Date 42365.04																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</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: H4-108306			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	2	/	2	0	0	7
M	M	/				D	D	/	Y	Y	Y	Y													
0	3	/	1	2	/	2	0	0	7																
New York	NY	10116-2853																							
Purpose of Disbursement: Office Supplies Expenses			Category/ Type																						
Activity or Event Identifier: PSP07 See Attached Memo Entry																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
32.51		32.51		65.02

<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 2853			Allocated Activity or Event Year-To-Date 42572.25																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</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: H4-108307			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	2	/	2	0	0	7
M	M	/				D	D	/	Y	Y	Y	Y													
0	3	/	1	2	/	2	0	0	7																
New York	NY	10116-2853																							
Purpose of Disbursement: Travel/Accommodation /Meals			Category/ Type																						
Activity or Event Identifier: PSP07 See Attached Memo Entry																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
103.60		103.61		207.21

<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 2853			Allocated Activity or Event Year-To-Date 43191.67																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</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: H4-108308			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	2	/	2	0	0	7
M	M	/				D	D	/	Y	Y	Y	Y													
0	3	/	1	2	/	2	0	0	7																
New York	NY	10116-2853																							
Purpose of Disbursement: Travel/ Accommodations			Category/ Type																						
Activity or Event Identifier: PSP07 See Attached Memo Entry																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
309.71		309.71		619.42

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
445.82		445.83		891.65

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

<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 1485764.78																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</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: H4-108312			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	2	/	2	0	0	7
M	M	/				D	D	/	Y	Y	Y	Y													
0	3	/	1	2	/	2	0	0	7																
Ft Lauderdale	FL	33336-0001																							
Purpose of Disbursement: Travel/ Accommodations			Category/ Type																						
Activity or Event Identifier: AVD07 See Attached Memo Entry																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
265.02		265.03		530.05

<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 1487534.51																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</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: H4-108324			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	2	/	2	0	0	7
M	M	/				D	D	/	Y	Y	Y	Y													
0	3	/	1	2	/	2	0	0	7																
Ft Lauderdale	FL	33336-0001																							
Purpose of Disbursement: Furniture & Computer Equipment			Category/ Type																						
Activity or Event Identifier: AVD07 See Attached Memo Entry																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
884.86		884.87		1769.73

<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 PO Box 360001			Allocated Activity or Event Year-To-Date 1491399.67																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</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: H4-108325			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	2	/	2	0	0	7
M	M	/				D	D	/	Y	Y	Y	Y													
0	3	/	1	2	/	2	0	0	7																
Ft Lauderdale	FL	33336-0001																							
Purpose of Disbursement: Computer Supplies/Hardware			Category/ Type																						
Activity or Event Identifier: AVD07 See Attached Memo Entry																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1932.58		1932.58		3865.16

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3082.46		3082.48		6164.94

**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

**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:  
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  
1491679.54

Date  /  /   
**Transaction ID:** H4-108326

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
139.93		139.94		279.87

**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

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  
1491857.37

Date  /  /   
**Transaction ID:** H4-108327

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
88.91		88.92		177.83

**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:  
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  
1492342.37

Date  /  /   
**Transaction ID:** H4-108328

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
242.50		242.50		485.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
471.34		471.36		942.70

**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

<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 1497226.16		
City	State	Zip Code	Category/Type		
Ft Lauderdale	FL	33336-0001			
Purpose of Disbursement: Telephone					
Activity or Event Identifier: AVD07 See Attached Memo Entry			Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108329		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2441.89		2441.90		4883.79

<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 1499527.48		
City	State	Zip Code	Category/Type		
Ft Lauderdale	FL	33336-0001			
Purpose of Disbursement: Travel/ Accommodations					
Activity or Event Identifier: AVD07 See Attached Memo Entry			Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108330		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1150.66		1150.66		2301.32

<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 43294.78		
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="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108338		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
51.55		51.56		103.11

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3644.10		3644.12		7288.22

**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> 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 43963.59																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</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: H4-108339			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	2	/	2	0	0	7
M	M	/				D	D	/	Y	Y	Y	Y													
0	3	/	1	2	/	2	0	0	7																
Ft Lauderdale	FL	33336-0001																							
Purpose of Disbursement: Travel/Accommodation /Meals			Category/ Type																						
Activity or Event Identifier: PSP07 See Attached Memo Entry																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
334.40		334.41		668.81

<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 44075.59																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</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: H4-108340			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	2	/	2	0	0	7
M	M	/				D	D	/	Y	Y	Y	Y													
0	3	/	1	2	/	2	0	0	7																
Ft Lauderdale	FL	33336-0001																							
Purpose of Disbursement: Travel/Accommodation /Meals			Category/ Type																						
Activity or Event Identifier: PSP07 See Attached Memo Entry																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.00		56.00		112.00

<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 44275.39																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</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: H4-108341			M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	2	/	2	0	0	7
M	M	/				D	D	/	Y	Y	Y	Y													
0	3	/	1	2	/	2	0	0	7																
Ft Lauderdale	FL	33336-0001																							
Purpose of Disbursement: Travel/ Accommodations			Category/ Type																						
Activity or Event Identifier: PSP07 See Attached Memo Entry																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
99.90		99.90		199.80

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
490.30		490.31		980.61

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

FEDERAL 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 1499538.43		
City Newark	State NJ	Zip Code 07101-1270	Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Internet Services			Transaction ID: H4-108342		
Activity or Event Identifier: AVD07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.47		5.48		10.95

<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 1499638.42		
City Newark	State NJ	Zip Code 07101-1270	Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Publication & Dues			Transaction ID: H4-108343		
Activity or Event Identifier: AVD07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
49.99		50.00		99.99

<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 1499883.42		
City Newark	State NJ	Zip Code 07101-1270	Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Computer Support			Transaction ID: H4-108344		
Activity or Event Identifier: AVD07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
122.50		122.50		245.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
177.96		177.98		355.94

**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

**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:  
Postage

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

1499899.11

Activity or Event Identifier:  
AVD07

See Attached Memo Entry

Date 03 / 12 / 2007

Transaction ID: H4-108345

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.84		7.85		15.69

**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/Office

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

1499985.74

Activity or Event Identifier:  
AVD07

See Attached Memo Entry

Date 03 / 12 / 2007

Transaction ID: H4-108346

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
43.31		43.32		86.63

**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:  
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

44370.08

Activity or Event Identifier:  
PSP07

See Attached Memo Entry

Date 03 / 12 / 2007

Transaction ID: H4-108347

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.34		47.35		94.69

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
98.49		98.52		197.01

**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

<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 44417.17		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date MM / DD / YYYY 03 / 12 / 2007		
Purpose of Disbursement: Deliveries			Transaction ID: H4-108348		
Activity or Event Identifier: PSP07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.54		23.55		47.09

<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 44423.23		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date MM / DD / YYYY 03 / 12 / 2007		
Purpose of Disbursement: Telephone			Transaction ID: H4-108349		
Activity or Event Identifier: PSP07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.03		3.03		6.06

<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 44434.00		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date MM / DD / YYYY 03 / 12 / 2007		
Purpose of Disbursement: Travel/ Accommodations			Transaction ID: H4-108350		
Activity or Event Identifier: PSP07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.38		5.39		10.77

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
31.95		31.97		63.92

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

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

Mailing Address  
PO Box 360001

City	State	Zip Code
Ft Lauderdale	FL	33336-0001

Purpose of Disbursement:  
Travel/Accommodation /Meals

Activity or Event Identifier:  
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  
1500032.33

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	0	7

  
**Transaction ID:** H4-108352

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.29		23.30		46.59

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

Mailing Address  
P.O. Box 1270

City	State	Zip Code
Newark	NJ	07101-1270

Purpose of Disbursement:  
Building Utilities & Fees

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  
1500111.43

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	0	7

  
**Transaction ID:** H4-108370

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
39.55		39.55		79.10

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

Mailing Address  
P.O. Box 1270

City	State	Zip Code
Newark	NJ	07101-1270

Purpose of Disbursement:  
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  
1500126.38

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	0	7

  
**Transaction ID:** H4-108371

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.47		7.48		14.95

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
70.31		70.33		140.64

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

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

Mailing Address  
P.O. Box 1270

City	State	Zip Code
Newark	NJ	07101-1270

Purpose of Disbursement:  
Office Supplies Expenses

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  
1500181.07

Date  /  /   
**Transaction ID:** H4-108372

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.34		27.35		54.69

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

Mailing Address  
P.O. Box 1270

City	State	Zip Code
Newark	NJ	07101-1270

Purpose of Disbursement:  
Travel/ Accommodations

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  
1500855.92

Date  /  /   
**Transaction ID:** H4-108373

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
337.42		337.43		674.85

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

Mailing Address  
P.O. Box 1270

City	State	Zip Code
Newark	NJ	07101-1270

Purpose of Disbursement:  
Travel/Accommodation /Meals

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  
1500970.99

Date  /  /   
**Transaction ID:** H4-108374

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
57.53		57.54		115.07

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
422.29		422.32		844.61

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

FEDERAL 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 44437.48		
City	State	Zip Code	Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>		
Ft. Lauderdale	FL	33336-0001			
Purpose of Disbursement: Travel/Accommodation /Meals			Category/ Type		
Activity or Event Identifier: PSP07 See Attached Memo Entry			Transaction ID: H4-108382		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.74		1.74		3.48

<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 44513.30		
City	State	Zip Code	Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>		
Ft. Lauderdale	FL	33336-0001			
Purpose of Disbursement: Office Supplies Expenses			Category/ Type		
Activity or Event Identifier: PSP07 See Attached Memo Entry			Transaction ID: H4-108383		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.91		37.91		75.82

<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 44534.15		
City	State	Zip Code	Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>		
Ft. Lauderdale	FL	33336-0001			
Purpose of Disbursement: Postage			Category/ Type		
Activity or Event Identifier: PSP07 See Attached Memo Entry			Transaction ID: H4-108384		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.42		10.43		20.85

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
50.07		50.08		100.15

**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> 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 44549.93		
City	State	Zip Code	Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108385		
Ft. Lauderdale	FL	33336-0001			
Purpose of Disbursement: Publication & Dues			Category/ Type		
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 44707.35		
City	State	Zip Code	Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108386		
Ft. Lauderdale	FL	33336-0001			
Purpose of Disbursement: Telephone			Category/ Type		
Activity or Event Identifier: PSP07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
78.71		78.71		157.42

<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 45804.94		
City	State	Zip Code	Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108387		
Ft. Lauderdale	FL	33336-0001			
Purpose of Disbursement: Travel/Accommodation /Meals			Category/ Type		
Activity or Event Identifier: PSP07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
548.79		548.80		1097.59

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
635.39		635.40		1270.79

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

<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 1501032.21		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Telephone			Transaction ID: H4-108394		
Activity or Event Identifier: AVD07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.61		30.61		61.22

<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 1501218.17		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Telephone			Transaction ID: H4-108401		
Activity or Event Identifier: AVD07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
92.98		92.98		185.96

<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 1503257.49		
City Ft Lauderdale	State FL	Zip Code 33336-0001	Date <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Travel/Accommodation /Meals			Transaction ID: H4-108402		
Activity or Event Identifier: AVD07 See Attached Memo Entry					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1019.66		1019.66		2039.32

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1143.25		1143.25		2286.50

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

**A. Full Name (Last, First, Middle Initial)**  
American Express  
**Mailing Address**  
PO Box 360001  
**City** Ft Lauderdale **State** FL **Zip Code** 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**  
1503293.25  
**Date** 03 / 12 / 2007  
**Transaction ID:** H4-108404

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.88		17.88		35.76

**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:**  
Computer Supplies/Hardware  
**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**  
1503940.64  
**Date** 03 / 12 / 2007  
**Transaction ID:** H4-108406

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
323.69		323.70		647.39

**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:**  
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**  
46004.62  
**Date** 03 / 12 / 2007  
**Transaction ID:** H4-108409

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
99.84		99.84		199.68

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
441.41		441.42		882.83

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

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

Mailing Address  
PO Box 360001

City	State	Zip Code	Category/ Type
Ft Lauderdale	FL	33336-0001	

Purpose of Disbursement:  
Travel/ Accommodations

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  
48102.13

Date  /  /   
**Transaction ID:** H4-108410

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1048.75		1048.76		2097.51

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

Mailing Address  
600 5th St., NW

City	State	Zip Code	Category/ Type
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  
1504690.64

Date  /  /   
**Transaction ID:** H4-108412

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
375.00		375.00		750.00

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

Mailing Address  
600 5th St., NW

City	State	Zip Code	Category/ Type
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  
1505210.64

Date  /  /   
**Transaction ID:** H4-108413

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
260.00		260.00		520.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1683.75		1683.76		3367.51

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Premium Payment Services			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 2998			Allocated Activity or Event Year-To-Date 1505135.66		
City	State	Zip Code	Category/Type		
Alpharetta	GA	30023			
Purpose of Disbursement: Insurance Health/Life					
Activity or Event Identifier: AVD07			Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/> Transaction ID: H4-108415		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
-37.49		-37.49		-74.98

<b>B. Full Name (Last, First, Middle Initial)</b> Jessica Aune			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 117 Bromley Park Lane			Allocated Activity or Event Year-To-Date 1505228.01		
City	State	Zip Code	Category/Type		
Franklin	TN	37069			
Purpose of Disbursement: Salaries					
Activity or Event Identifier: AVD07			Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/> Transaction ID: H4-108416		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.17		46.18		92.35

<b>C. Full Name (Last, First, Middle Initial)</b> Elizabeth Hagen			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 1505341.99		
City	State	Zip Code	Category/Type		
Washington	DC	20016			
Purpose of Disbursement: Salaries					
Activity or Event Identifier: AVD07			Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/> Transaction ID: H4-108417		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.99		56.99		113.98

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
65.67		65.68		131.35

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> Yvonne Williams			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5412 Bradford Ct. #231			Allocated Activity or Event Year-To-Date 1505649.99		
City Alexandria	State VA	Zip Code 22311	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108418		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
154.00		154.00		308.00

<b>B. 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 13005			Allocated Activity or Event Year-To-Date 1505986.87		
City Lewiston	State ME	Zip Code 04243-9505	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Rent			Transaction ID: H4-108421		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
168.44		168.44		336.88

<b>C. Full Name (Last, First, Middle Initial)</b> Arrowhead Mountain Spring Water Co.			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 52237			Allocated Activity or Event Year-To-Date 1506002.85		
City Phoenix	State AZ	Zip Code 85072-2237	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Office Supplies Expenses			Transaction ID: H4-108422		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.99		7.99		15.98

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
330.43		330.43		660.86

**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

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

1506591.05

Activity or Event Identifier:  
AVD07

Date 03 / 15 / 2007

Transaction ID: H4-108423

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

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

1507562.64

Activity or Event Identifier:  
AVD07

Date 03 / 15 / 2007

Transaction ID: H4-108424

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
485.79		485.80		971.59

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

Mailing Address  
P.O.Box 57194

City State Zip Code  
Philadelphia PA 19111-7194

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

1509192.28

Activity or Event Identifier:  
AVD07

Date 03 / 15 / 2007

Transaction ID: H4-108425

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
814.82		814.82		1629.64

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1594.71		1594.72		3189.43

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Catalist, LLC			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 1101 Vermont Ave, NW Suite 900			Allocated Activity or Event Year-To-Date 1539192.28		
City Washington	State DC	Zip Code 20005	Date MM / DD / YYYY 03 / 15 / 2007		
Purpose of Disbursement: Polling/Surveys			Category/Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-108427		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15000.00		15000.00		30000.00

<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 1539232.28		
City Washington	State DC	Zip Code 20007	Date MM / DD / YYYY 03 / 15 / 2007		
Purpose of Disbursement: Travel/ Accommodations			Category/Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-108428		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.00		20.00		40.00

<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 1539276.28		
City Chicago	State IL	Zip Code 60694-6300	Date MM / DD / YYYY 03 / 15 / 2007		
Purpose of Disbursement: Insurance General			Category/Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-108429		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.00		22.00		44.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15042.00		15042.00		30084.00

**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)**  
Deer ParkSpring Water Processing Center

Mailing Address  
P.O. Box 52271

City State Zip Code  
Phoenix AR 85072-2271

Purpose of Disbursement:  
Office Supplies Expenses

Activity or Event Identifier:  
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  
1539607.88

Date 03 / 15 / 2007  
Transaction ID: H4-108431

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
165.80		165.80		331.60

**B. Full Name (Last, First, Middle Initial)**  
Dell Computer Corporation Dept. 50-0039088557

Mailing Address  
PO Box 689020

City State Zip Code  
Des Moines IA 50368-9020

Purpose of Disbursement:  
Computer Supplies/Hardware

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  
1545917.99

Date 03 / 15 / 2007  
Transaction ID: H4-108432

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3155.05		3155.06		6310.11

**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

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  
1545935.96

Date 03 / 15 / 2007  
Transaction ID: H4-108433

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.98		8.99		17.97

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3329.83		3329.85		6659.68

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Diverse Office Solutions			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 9228 Gaither Road			Allocated Activity or Event Year-To-Date 1546105.73		
City	State	Zip Code	Category/Type		
Gaithersburg	MD	20877			
Purpose of Disbursement: Office Supplies Expenses					
Activity or Event Identifier: AVD07			Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108434		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
84.88		84.89		169.77

<b>B. Full Name (Last, First, Middle Initial)</b> Diverse Office Solutions			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 9228 Gaither Road			Allocated Activity or Event Year-To-Date 1546175.48		
City	State	Zip Code	Category/Type		
Gaithersburg	MD	20877			
Purpose of Disbursement: Office Supplies Expenses					
Activity or Event Identifier: AVD07			Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108435		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.87		34.88		69.75

<b>C. Full Name (Last, First, Middle Initial)</b> Diverse Office Solutions			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 9228 Gaither Road			Allocated Activity or Event Year-To-Date 1546192.92		
City	State	Zip Code	Category/Type		
Gaithersburg	MD	20877			
Purpose of Disbursement: Office Supplies Expenses					
Activity or Event Identifier: AVD07			Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108436		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.72		8.72		17.44

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
128.47		128.49		256.96

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

FEDERAL 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> DOES			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 609 H Street, NE Suite 353			Allocated Activity or Event Year-To-Date 1546292.92		
City Washington	State DC	Zip Code 20002	Date MM / DD / YYYY 03 / 15 / 2007		
Purpose of Disbursement: Penalties & Fines			Transaction ID: H4-108437		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
50.00		50.00		100.00

<b>B. Full Name (Last, First, Middle Initial)</b> General Systems Corporation			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 8306-D Old Courthouse Road			Allocated Activity or Event Year-To-Date 1547108.92		
City Vienna	State VA	Zip Code 22182	Date MM / DD / YYYY 03 / 15 / 2007		
Purpose of Disbursement: Programming			Transaction ID: H4-108439		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
408.00		408.00		816.00

<b>C. Full Name (Last, First, Middle Initial)</b> General Systems Corporation			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 8306-D Old Courthouse Road			Allocated Activity or Event Year-To-Date 1547204.92		
City Vienna	State VA	Zip Code 22182	Date MM / DD / YYYY 03 / 15 / 2007		
Purpose of Disbursement: Computer Support			Transaction ID: H4-108440		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
48.00		48.00		96.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
506.00		506.00		1012.00

**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)**  
Amy Green

Mailing Address  
1405 30th Street, NW

City	State	Zip Code
Washington	DC	20007

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  
1553204.92

Date  /  /   
**Transaction ID:** H4-108441

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3000.00		3000.00		6000.00

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

Mailing Address  
5515 Little Falls Rd.

City	State	Zip Code
Arlington	VA	22207

Purpose of Disbursement:  
Travel/ Accommodations

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  
1553230.92

Date  /  /   
**Transaction ID:** H4-108442

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.00		13.00		26.00

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

Mailing Address  
P.O. Box 827468

City	State	Zip Code
Philadelphia	PA	19182-7468

Purpose of Disbursement:  
Equipment Rental

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  
1555072.90

Date  /  /   
**Transaction ID:** H4-108443

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
920.99		920.99		1841.98

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3933.99		3933.99		7867.98

**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> Ikon Office Solutions			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 827468			Allocated Activity or Event Year-To-Date 1555355.00		
City Philadelphia	State PA	Zip Code 19182-7468	Date MM / DD / YYYY 03 / 15 / 2007		
Purpose of Disbursement: Equipment Rental			Transaction ID: H4-108444		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
141.05		141.05		282.10

<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 1555393.00		
City Severn	State MD	Zip Code 21144	Date MM / DD / YYYY 03 / 15 / 2007		
Purpose of Disbursement: Internet Services			Transaction ID: H4-108448		
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> News Spot			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 345 Spear Street			Allocated Activity or Event Year-To-Date 1555438.00		
City San Francisco	State CA	Zip Code 94105	Date MM / DD / YYYY 03 / 15 / 2007		
Purpose of Disbursement: Local Transportation			Transaction ID: H4-108455		
Activity or Event Identifier: AVD07					

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
182.55		182.55		365.10

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

FEDERAL 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> Penton Technology Media			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 2420 Reliable Parkway			Allocated Activity or Event Year-To-Date 1555507.95		
City Chicago	State IL	Zip Code 60686-0024	Date MM / DD / YYYY 03 / 15 / 2007		
Purpose of Disbursement: Publication & Dues			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-108457		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.97		34.98		69.95

<b>B. Full Name (Last, First, Middle Initial)</b> Perkins Coie			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1201 Third Avenue   40th Floor			Allocated Activity or Event Year-To-Date 1561300.95		
City Seattle	State WA	Zip Code 98101-3099	Date MM / DD / YYYY 03 / 15 / 2007		
Purpose of Disbursement: Legal Services			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-108458		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2896.50		2896.50		5793.00

<b>C. Full Name (Last, First, Middle Initial)</b> Pollard & Associates, 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 One North Park Drive   Suite 104			Allocated Activity or Event Year-To-Date 1562013.45		
City Hunt Valley	State MD	Zip Code 21030-1816	Date MM / DD / YYYY 03 / 15 / 2007		
Purpose of Disbursement: Accounting			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-108459		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
356.25		356.25		712.50

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3287.72		3287.73		6575.45

**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> Production 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 1953 Gallows Road   Suite 600			Allocated Activity or Event Year-To-Date 1562340.33																		
City                      State                      Zip Code Vienna                      VA                      22182	Category/ Type		Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>3</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>1</td><td>5</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	0	3	D	D	1	5	Y	Y	Y	Y	2	0	0	7
M	M																				
0	3																				
D	D																				
1	5																				
Y	Y	Y	Y																		
2	0	0	7																		
Purpose of Disbursement: Office Supplies Expenses			Transaction ID: H4-108461																		
Activity or Event Identifier: AVD07																					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
163.44		163.44		326.88

<b>B. Full Name (Last, First, Middle Initial)</b> Production Solutions, 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 1953 Gallows Road   Suite 600			Allocated Activity or Event Year-To-Date 48973.77																		
City                      State                      Zip Code Vienna                      VA                      22182	Category/ Type		Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>3</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>1</td><td>5</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	0	3	D	D	1	5	Y	Y	Y	Y	2	0	0	7
M	M																				
0	3																				
D	D																				
1	5																				
Y	Y	Y	Y																		
2	0	0	7																		
Purpose of Disbursement: Office Supplies Expenses			Transaction ID: H4-108462																		
Activity or Event Identifier: PSP07																					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
435.82		435.82		871.64

<b>C. Full Name (Last, First, Middle Initial)</b> Staples			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 Dept DC 85105   PO Box 30851			Allocated Activity or Event Year-To-Date 1562840.33																		
City                      State                      Zip Code Hartford                      CT                      06150-0851	Category/ Type		Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>3</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>1</td><td>5</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	0	3	D	D	1	5	Y	Y	Y	Y	2	0	0	7
M	M																				
0	3																				
D	D																				
1	5																				
Y	Y	Y	Y																		
2	0	0	7																		
Purpose of Disbursement: Office Supplies Expenses			Transaction ID: H4-108469																		
Activity or Event Identifier: AVD07																					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
250.00		250.00		500.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
849.26		849.26		1698.52

**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> United Parcel 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 P. O. Box 7247-0244			Allocated Activity or Event Year-To-Date 1562925.75		
City Philadelphia	State PA	Zip Code 19170-0001	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Deliveries			Transaction ID: H4-108473		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="42.71"/>		<input type="text" value="42.71"/>		<input type="text" value="85.42"/>

<b>B. 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 49041.90		
City Philadelphia	State PA	Zip Code 19170-0001	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Deliveries			Transaction ID: H4-108474		
Activity or Event Identifier: PSP07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="34.06"/>		<input type="text" value="34.07"/>		<input type="text" value="68.13"/>

<b>C. Full Name (Last, First, Middle Initial)</b> United Parcel 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 P. O. Box 7247-0244			Allocated Activity or Event Year-To-Date 1562971.99		
City Philadelphia	State PA	Zip Code 19170-0001	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Deliveries			Transaction ID: H4-108475		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="23.12"/>		<input type="text" value="23.12"/>		<input type="text" value="46.24"/>

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="99.89"/>		<input type="text" value="99.90"/>		<input type="text" value="199.79"/>

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<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> 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 49101.64		
City Philadelphia	State PA	Zip Code 19170-0001	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Deliveries			Transaction ID: H4-108476		
Activity or Event Identifier: PSP07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.87		29.87		59.74

<b>B. Full Name (Last, First, Middle Initial)</b> Cristina Uribe			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 4212 26th Street, Unit A			Allocated Activity or Event Year-To-Date 1563048.99		
City San Francisco	State CA	Zip Code 94131	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Travel/ Accommodations			Transaction ID: H4-108478		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
38.50		38.50		77.00

<b>C. Full Name (Last, First, Middle Initial)</b> Verizon Wireless			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 489			Allocated Activity or Event Year-To-Date 1563165.48		
City Newark	State NJ	Zip Code 07101-0489	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Telephone			Transaction ID: H4-108479		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
58.24		58.25		116.49

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
126.61		126.62		253.23

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> Windows IT Pro			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 447			Allocated Activity or Event Year-To-Date 1563183.43		
City	State	Zip Code	Category/ Type		
Loveland	CO	80539-9968			
Purpose of Disbursement: Publication & Dues			Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Activity or Event Identifier: AVD07			Transaction ID: H4-108480		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.97		8.98		17.95

<b>B. 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 1563393.43		
City	State	Zip Code	Category/ Type		
Portola Valley	CA	94028			
Purpose of Disbursement: Salaries			Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Activity or Event Identifier: AVD07			Transaction ID: H4-108481		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		105.00		210.00

<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 1563537.92		
City	State	Zip Code	Category/ Type		
Washington	DC	20009			
Purpose of Disbursement: Travel/ Accommodations			Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Activity or Event Identifier: AVD07			Transaction ID: H4-109013		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
72.25		72.24		144.49

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
186.22		186.22		372.44

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> Amanda Bogden			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1770 Columbia Rd. NW			Allocated Activity or Event Year-To-Date 1564792.46		
City Washington	State DC	Zip Code 20009	Date MM / DD / YYYY 03 / 15 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-108533		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
627.27		627.27		1254.54

<b>B. 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 1567605.01		
City North Beach	State MD	Zip Code 20714	Date MM / DD / YYYY 03 / 15 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-108534		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1406.27		1406.28		2812.55

<b>C. 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 1569275.12		
City Falls Church	State VA	Zip Code 22042	Date MM / DD / YYYY 03 / 15 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-108535		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
835.05		835.06		1670.11

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2868.59		2868.61		5737.20

**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

<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 1571410.38		
City Fairfax	State VA	Zip Code 22030	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108536		
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> Susan Finkle			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 11605 34th Place			Allocated Activity or Event Year-To-Date 1572838.56		
City Beltsville	State MD	Zip Code 20705	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108537		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
714.09		714.09		1428.18

<b>C. 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 1575058.08		
City Severn	State MD	Zip Code 21144	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108538		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1109.76		1109.76		2219.52

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2891.48		2891.48		5782.96

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

FEDERAL 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			<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 6606 Allegheny Ave			Allocated Activity or Event Year-To-Date 1578707.14		
City	State	Zip Code	Category/ Type		
Takoma Park	MD	20912			
Purpose of Disbursement: Salaries			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 03 / 15 / 2007		
Activity or Event Identifier: AVD07			Transaction ID: H4-108539		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1824.53		1824.53		3649.06

<b>B. Full Name (Last, First, Middle Initial)</b> Ellen R Malcolm			<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 5060 Linnean Avenue, NW			Allocated Activity or Event Year-To-Date 1582540.13		
City	State	Zip Code	Category/ Type		
Washington,	DC	20008			
Purpose of Disbursement: Salaries			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 03 / 15 / 2007		
Activity or Event Identifier: AVD07			Transaction ID: H4-108540		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1916.49		1916.50		3832.99

<b>C. Full Name (Last, First, Middle Initial)</b> Ellen L Moran			<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 8220 Custer Rd			Allocated Activity or Event Year-To-Date 1587249.63		
City	State	Zip Code	Category/ Type		
Bethesda	MD	20817			
Purpose of Disbursement: Salaries			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 03 / 15 / 2007		
Activity or Event Identifier: AVD07			Transaction ID: H4-108541		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2354.75		2354.75		4709.50

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6095.77		6095.78		12191.55

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

FEDERAL 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> Lisa Robillard			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 4326 South 36th Street			Allocated Activity or Event Year-To-Date 1588862.60		
City Arlington	State VA	Zip Code 22206	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108542		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
806.48		806.49		1612.97

<b>B. Full Name (Last, First, Middle Initial)</b> Jessica Aune			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 117 Bromley Park Lane			Allocated Activity or Event Year-To-Date 1589047.30		
City Franklin	State TN	Zip Code 37069	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108543		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
92.35		92.35		184.70

<b>C. Full Name (Last, First, Middle Initial)</b> Lauren Caselli			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 LXR Hall 410   Georgetown University			Allocated Activity or Event Year-To-Date 1589116.56		
City Washington	State DC	Zip Code 20057	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108544		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.63		34.63		69.26

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
933.46		933.47		1866.93

**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> 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 1590333.74		
City Falls Church	State VA	Zip Code 22046	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108545		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
608.59		608.59		1217.18

<b>B. Full Name (Last, First, Middle Initial)</b> Amy Drummond			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 104 Roberts Lane #401			Allocated Activity or Event Year-To-Date 1591959.53		
City Alexandria	State VA	Zip Code 22314	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108546		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
812.89		812.90		1625.79

<b>C. Full Name (Last, First, Middle Initial)</b> Bryan Fisher			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 22716 Viek Drive			Allocated Activity or Event Year-To-Date 1592209.62		
City Rapid City	State SD	Zip Code 57702	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108547		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
125.04		125.05		250.09

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1546.52		1546.54		3093.06

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

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

Mailing Address  
414 Wynnerwood Road

City State Zip Code  
Pelham 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

1593854.79

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
03 / 15 / 2007

Transaction ID: H4-108548

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
822.58		822.59		1645.17

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

Mailing Address  
4551 Sawgrass Ct.

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

1598057.32

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
03 / 15 / 2007

Transaction ID: H4-108549

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2101.26		2101.27		4202.53

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

Mailing Address  
4212 River Road NW

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

1598271.23

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
03 / 15 / 2007

Transaction ID: H4-108550

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
106.95		106.96		213.91

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3030.79		3030.82		6061.61

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

FEDERAL 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)**  
Amie Kershner

Mailing Address  
3114 E. Baltimore

City State Zip Code  
Baltimore MD 21224

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

1600751.65

Date 03 / 15 / 2007

Transaction ID: H4-108551

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1240.21		1240.21		2480.42

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

Mailing Address  
22800 SW 157th Avenue

City State Zip Code  
Miami FL 33170

Purpose of Disbursement:  
Salaries

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

1604722.32

Date 03 / 15 / 2007

Transaction ID: H4-108552

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1985.33		1985.34		3970.67

**C. 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

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

1607336.23

Date 03 / 15 / 2007

Transaction ID: H4-108553

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1306.95		1306.96		2613.91

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4532.49		4532.51		9065.00

**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> 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 1608213.90		
City	State	Zip Code	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Washington	DC	20005	Transaction ID: H4-108554		
Purpose of Disbursement: Salaries			Category/ Type		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
438.83		438.84		877.67

<b>B. Full Name (Last, First, Middle Initial)</b> Judy Loeb Goldfein			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 50 East 89th Street 6E			Allocated Activity or Event Year-To-Date 1611658.49		
City	State	Zip Code	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
New York	NY	10128	Transaction ID: H4-108555		
Purpose of Disbursement: Salaries			Category/ Type		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1722.29		1722.30		3444.59

<b>C. Full Name (Last, First, Middle Initial)</b> Karen McLoughin			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 Rd, NW			Allocated Activity or Event Year-To-Date 1611771.47		
City	State	Zip Code	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Washington	DC	20016	Transaction ID: H4-108556		
Purpose of Disbursement: Salaries			Category/ Type		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.49		56.49		112.98

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2217.61		2217.63		4435.24

**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)**  
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

1612849.39

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
03 / 15 / 2007

Transaction ID: H4-108557

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
538.96		538.96		1077.92

**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:  
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

1616355.60

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
03 / 15 / 2007

Transaction ID: H4-108558

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1753.10		1753.11		3506.21

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

Mailing Address  
345 E. 94th St Apt 3H

City State Zip Code  
New York NY 10128

Purpose of Disbursement:  
Salaries

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

1616710.67

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
03 / 15 / 2007

Transaction ID: H4-108559

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
177.53		177.54		355.07

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2469.59		2469.61		4939.20

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Lindsey O'Connell			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 Georgetwon U Village A D202			Allocated Activity or Event Year-To-Date 1616803.02		
City Washington	State DC	Zip Code 20057	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108560		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.17		46.18		92.35

<b>B. Full Name (Last, First, Middle Initial)</b> Amy Padre			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3429 Yuma Street NW Apt 104			Allocated Activity or Event Year-To-Date 1618250.37		
City Washington	State DC	Zip Code 20008	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108561		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
723.67		723.68		1447.35

<b>C. 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 1619635.73		
City Washington	State DC	Zip Code 20009	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108562		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
692.68		692.68		1385.36

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1462.52		1462.54		2925.06

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. 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 1620718.42		
City Washington	State DC	Zip Code 20007	Date MM / DD / YYYY 03 / 15 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-108563		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
541.34		541.35		1082.69

<b>B. Full Name (Last, First, Middle Initial)</b> Janine 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 4875 Mattos Drive			Allocated Activity or Event Year-To-Date 1621883.68		
City Fremont	State CA	Zip Code 94536	Date MM / DD / YYYY 03 / 15 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-108564		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
582.63		582.63		1165.26

<b>C. Full Name (Last, First, Middle Initial)</b> Jennifer Sanford			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 802 H Gallop Hill Rd.			Allocated Activity or Event Year-To-Date 1622795.06		
City Gaithersburg	State MD	Zip Code 20879	Date MM / DD / YYYY 03 / 15 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-108565		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
455.69		455.69		911.38

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1579.66		1579.67		3159.33

**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> Patricia Seitz			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 617 14th Street, N.E.			Allocated Activity or Event Year-To-Date 1624287.83		
City Washington	State DC	Zip Code 20002	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108566		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
746.38		746.39		1492.77

<b>B. Full Name (Last, First, Middle Initial)</b> Emily Thomas			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3850 Tunlaw Rd Apt 503			Allocated Activity or Event Year-To-Date 1624377.18		
City Washington	State DC	Zip Code 20007	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108567		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.67		44.68		89.35

<b>C. Full Name (Last, First, Middle Initial)</b> Alexis Thorburn			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 Mass Ave NW Anderson Hall T-03			Allocated Activity or Event Year-To-Date 1624515.70		
City Washington	State DC	Zip Code 20016	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108568		
Activity or Event Identifier: AVD07					

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
860.31		860.33		1720.64

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

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

1626147.24

Activity or Event Identifier:  
AVD07

Date 03 / 15 / 2007

Transaction ID: H4-108569

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

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1630059.15

Activity or Event Identifier:  
AVD07

Date 03 / 15 / 2007

Transaction ID: H4-108570

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1955.95		1955.96		3911.91

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

Mailing Address

3806 Viser Court

City State Zip Code

Bowie MD 20715

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

1631457.14

Activity or Event Identifier:  
AVD07

Date 03 / 15 / 2007

Transaction ID: H4-108571

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
698.99		699.00		1397.99

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3470.71		3470.73		6941.44

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

**A. Full Name (Last, First, Middle Initial)**  
Adrienne Benson

Mailing Address  
2400 16th St NW Apt 607

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  
1631668.05

Date  /  /   
**Transaction ID:** H4-108572

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.45		105.46		210.91

**B. 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  
1634489.88

Date  /  /   
**Transaction ID:** H4-108573

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1410.91		1410.92		2821.83

**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  
1635432.00

Date  /  /   
**Transaction ID:** H4-108574

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
471.06		471.06		942.12

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1987.42		1987.44		3974.86

**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)**  
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

1638491.26

Activity or Event Identifier:  
AVD07

Date 03 / 15 / 2007

Transaction ID: H4-108575

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1529.63		1529.63		3059.26

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

Mailing Address  
3606 T Street NW

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

1638583.61

Activity or Event Identifier:  
AVD07

Date 03 / 15 / 2007

Transaction ID: H4-108576

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.17		46.18		92.35

**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

1639733.87

Activity or Event Identifier:  
AVD07

Date 03 / 15 / 2007

Transaction ID: H4-108577

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
575.13		575.13		1150.26

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2150.93		2150.94		4301.87

**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> 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 1642168.12		
City Madison	State WI	Zip Code 53703	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108578		
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> 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 1643715.12		
City Washington	State DC	Zip Code 20007	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108579		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
773.50		773.50		1547.00

<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 121 South Hamilton Street Apt M			Allocated Activity or Event Year-To-Date 1645391.45		
City Madison	State WI	Zip Code 53703	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108580		
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
2828.78		2828.80		5657.58

**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> 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 1646347.99		
City	State	Zip Code	Category/ Type		
Washington	DC	20001			
Purpose of Disbursement: Salaries			Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Activity or Event Identifier: AVD07			Transaction ID: H4-108581		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
478.27		478.27		956.54

<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 1649095.64		
City	State	Zip Code	Category/ Type		
North Scituate	RI	02857			
Purpose of Disbursement: Salaries			Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Activity or Event Identifier: AVD07			Transaction ID: H4-108582		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1373.82		1373.83		2747.65

<b>C. Full Name (Last, First, Middle Initial)</b> Juanett Davis			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 2120 4th Ave.   Apt #6			Allocated Activity or Event Year-To-Date 1649141.81		
City	State	Zip Code	Category/ Type		
Los Angeles	CA	90018			
Purpose of Disbursement: Salaries			Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Activity or Event Identifier: AVD07			Transaction ID: H4-108583		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.08		23.09		46.17

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1875.17		1875.19		3750.36

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

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

Mailing Address  
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

1650387.02

Date MM / DD / YYYY  
03 / 15 / 2007

Transaction ID: H4-108584

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
622.60		622.61		1245.21

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

Mailing Address  
5515 Little Falls Rd.

City State Zip Code  
Arlington VA 22207

Purpose of Disbursement:  
Salaries

Category/  
Type

Activity or Event Identifier:  
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

1654102.55

Date MM / DD / YYYY  
03 / 15 / 2007

Transaction ID: H4-108585

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1857.76		1857.77		3715.53

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

Mailing Address  
1759 Poplar Lane NW

City State Zip Code  
Washington DC 20012

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

1654283.25

Date MM / DD / YYYY  
03 / 15 / 2007

Transaction ID: H4-108586

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
90.35		90.35		180.70

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2570.71		2570.73		5141.44

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

**A. Full Name (Last, First, Middle Initial)**  
Dana Jones  
**Mailing Address**  
21766 Cypress Valley Terrace  
City State Zip Code  
Sterling VA 20166  
**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**  
1656835.55  
**Date** MM / DD / YYYY  
03 / 15 / 2007  
**Transaction ID:** H4-108587

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1276.15		1276.15		2552.30

**B. 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**  
1659504.76  
**Date** MM / DD / YYYY  
03 / 15 / 2007  
**Transaction ID:** H4-108588

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1334.60		1334.61		2669.21

**C. Full Name (Last, First, Middle Initial)**  
Aisling McDonough  
**Mailing Address**  
4403 Woodgate Way  
City State Zip Code  
Bowie MD 20720  
**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**  
1659636.52  
**Date** MM / DD / YYYY  
03 / 15 / 2007  
**Transaction ID:** H4-108589

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
65.88		65.88		131.76

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2676.63		2676.64		5353.27

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

**A. Full Name (Last, First, Middle Initial)**  
Anne Meyer

Mailing Address  
950 24th Street NW #704

City State Zip Code  
Washington DC 20052

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

1659773.04

Date 03 / 15 / 2007

Transaction ID: H4-108590

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
68.26		68.26		136.52

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

Mailing Address  
4240 39th St NW Apt B

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

1659953.74

Date 03 / 15 / 2007

Transaction ID: H4-108591

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
90.35		90.35		180.70

**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

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

1661000.45

Date 03 / 15 / 2007

Transaction ID: H4-108592

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
523.35		523.36		1046.71

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
681.96		681.97		1363.93

**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> Cristina Uribe			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 4212 26th Street, Unit A			Allocated Activity or Event Year-To-Date 1663537.95		
City	State	Zip Code	Category/Type		
San Francisco	CA	94131			
Purpose of Disbursement: Salaries					
Activity or Event Identifier: AVD07			Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108593		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1268.75		1268.75		2537.50

<b>B. Full Name (Last, First, Middle Initial)</b> Karen White			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1334 Walnut Avenue			Allocated Activity or Event Year-To-Date 1671458.10		
City	State	Zip Code	Category/Type		
Annapolis	MD	21403			
Purpose of Disbursement: Salaries					
Activity or Event Identifier: AVD07			Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108594		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3960.07		3960.08		7920.15

<b>C. Full Name (Last, First, Middle Initial)</b> Peggy Egan Marcy Gallup			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 6			Allocated Activity or Event Year-To-Date 1673994.71		
City	State	Zip Code	Category/Type		
East Glacier Park	MT	59434			
Purpose of Disbursement: Salaries					
Activity or Event Identifier: AVD07			Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108595		

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
6497.12		6497.14		12994.26

**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)**  
Emily Elbert

Mailing Address  
21811 Oceanview Lane

City	State	Zip Code
Huntington Beach	CA	92646

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

1676275.77

Activity or Event Identifier:  
AVD07

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	0	7

Transaction ID: H4-108596

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1140.53		1140.53		2281.06

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

Mailing Address  
624 East Broadway

City	State	Zip Code
Boston	MA	02127

Purpose of Disbursement:  
Salaries

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

1679104.25

Activity or Event Identifier:  
AVD07

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	0	7

Transaction ID: H4-108597

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1414.24		1414.24		2828.48

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

Mailing Address  
420 Oklahoma Avenue, NE #102

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement:  
Salaries

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

1681425.36

Activity or Event Identifier:  
AVD07

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	0	7

Transaction ID: H4-108598

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1160.55		1160.56		2321.11

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3715.32		3715.33		7430.65

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

**A. Full Name (Last, First, Middle Initial)**  
Laura Janoff

Mailing Address

2521 Pennsylvania Ave. NW

City State Zip Code  
Washington DC 20037

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

1681563.88

Activity or Event Identifier:  
AVD07

Date 03 / 15 / 2007

Transaction ID: H4-108599

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

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

Mailing Address

4857 Battery Lane Apt 506

City State Zip Code  
Bethesda MD 20814

Purpose of Disbursement:  
Salaries

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1683336.86

Activity or Event Identifier:  
AVD07

Date 03 / 15 / 2007

Transaction ID: H4-108600

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
886.49 + 886.49 = 1772.98

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

Mailing Address

913 South Decker Avenue

City State Zip Code  
Baltimore MD 21224

Purpose of Disbursement:  
Salaries

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1685920.89

Activity or Event Identifier:  
AVD07

Date 03 / 15 / 2007

Transaction ID: H4-108601

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
1292.01 + 1292.02 = 2584.03

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

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
2247.76 + 2247.77 = 4495.53

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Marissa Smith			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 2350 H Street NW #407			Allocated Activity or Event Year-To-Date 1686036.33																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y																
Washington	DC	20052	Transaction ID: H4-108602																						
Purpose of Disbursement: Salaries			Category/ Type																						
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> 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 1688889.20																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y																
Alexandria	VA	22301	Transaction ID: H4-108603																						
Purpose of Disbursement: Salaries			Category/ Type																						
Activity or Event Identifier: AVD07																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1426.43		1426.44		2852.87

<b>C. Full Name (Last, First, Middle Initial)</b> Stacia Young			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 Mass Ave NW Hughes Hall 206			Allocated Activity or Event Year-To-Date 1688981.55																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y																
Washington	DC	20016	Transaction ID: H4-108604																						
Purpose of Disbursement: Salaries			Category/ Type																						
Activity or Event Identifier: AVD07																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.17		46.18		92.35

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1530.32		1530.34		3060.66

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

FEDERAL 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

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

1690716.43

Date 03 / 15 / 2007

Transaction ID: H4-108605

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
867.44		867.44		1734.88

**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

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

1692531.20

Date 03 / 15 / 2007

Transaction ID: H4-108606

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
907.38		907.39		1814.77

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

Mailing Address  
6974 Hanover Parkway Unit 300

City State Zip Code  
Greenbelt MD 20770

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

1694452.25

Date 03 / 15 / 2007

Transaction ID: H4-108607

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
960.52		960.53		1921.05

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2735.34		2735.36		5470.70

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Yvonne Williams			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5412 Bradford Ct. #231			Allocated Activity or Event Year-To-Date 1695796.34		
City Alexandria	State VA	Zip Code 22311	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108608		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
672.04		672.05		1344.09

<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 1752521.58		
City Fairfax	State VA	Zip Code 22031	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Taxes - Payroll			Transaction ID: H4-108609		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28362.62		28362.62		56725.24

<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 1753310.56		
City Fairfax	State VA	Zip Code 22031	Date <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Taxes - Payroll			Transaction ID: H4-108610		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
394.49		394.49		788.98

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29429.15		29429.16		58858.31

**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> 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 1769321.78		
City	State	Zip Code	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 03 / 15 / 2007		
Fairfax	VA	22031			
Purpose of Disbursement: Taxes - Payroll			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-108611		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8005.61		8005.61		16011.22

<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 1769532.27		
City	State	Zip Code	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 03 / 15 / 2007		
Fairfax	VA	22031			
Purpose of Disbursement: Taxes - Payroll			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-108612		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.24		105.25		210.49

<b>C. Full Name (Last, First, Middle Initial)</b> John Hancock c/o City Bank Delaware			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1615 Brett Road Lock Box 7122			Allocated Activity or Event Year-To-Date 1783372.09		
City	State	Zip Code	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 03 / 19 / 2007		
New Castle	DE	19720			
Purpose of Disbursement: Employment Pension/ 401(k)			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-108613		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6919.91		6919.91		13839.82

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15030.76		15030.77		30061.53

**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)**  
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

1796790.29

Date 03 / 19 / 2007

Transaction ID: H4-108614

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6709.10		6709.10		13418.20

**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:  
Rent

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

1862806.95

Date 03 / 22 / 2007

Transaction ID: H4-108617

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33008.33		33008.33		66016.66

**C. Full Name (Last, First, Middle Initial)**  
Contract Cleaning Services Inc JIB Service Group

Mailing Address  
1120 Connecticut Ave, NW 1200

City State Zip Code  
Washington DC 20036

Purpose of Disbursement:  
Building Utilities & Fees

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

1863734.91

Date 03 / 22 / 2007

Transaction ID: H4-108621

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
463.98		463.98		927.96

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40181.41		40181.41		80362.82

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

**A. Full Name (Last, First, Middle Initial)**  
Cathleen Costello

Mailing Address  
1308 Forest Glen Dr. South

City State Zip Code  
Winnetka IL 60093

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

49186.64

Activity or Event Identifier:  
PSP07

Date 03 / 22 / 2007

Transaction ID: H4-108622

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
42.50		42.50		85.00

**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

1863931.26

Activity or Event Identifier:  
AVD07

Date 03 / 22 / 2007

Transaction ID: H4-108625

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
98.17		98.18		196.35

**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

49236.64

Activity or Event Identifier:  
PSP07

Date 03 / 22 / 2007

Transaction ID: H4-108626

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
165.67		165.68		331.35

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> Judy Loeb Goldfein			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 50 East 89th Street 6E			Allocated Activity or Event Year-To-Date 49336.64		
City New York	State NY	Zip Code 10128	Date MM / DD / YYYY 03 / 22 / 2007		
Purpose of Disbursement: Telephone			Category/ Type		
Activity or Event Identifier: PSP07 See Attached Memo Entry			Transaction ID: H4-108627		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
50.00		50.00		100.00

<b>B. Full Name (Last, First, Middle Initial)</b> Judy Loeb Goldfein			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 50 East 89th Street 6E			Allocated Activity or Event Year-To-Date 49544.59		
City New York	State NY	Zip Code 10128	Date MM / DD / YYYY 03 / 22 / 2007		
Purpose of Disbursement: Travel/ Accommodations			Category/ Type		
Activity or Event Identifier: PSP07			Transaction ID: H4-108628		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
103.97		103.98		207.95

<b>C. Full Name (Last, First, Middle Initial)</b> JIB Monitoring 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 1120 Connecticut Avenue, NW Suite 1200			Allocated Activity or Event Year-To-Date 1864167.53		
City Washington	State DC	Zip Code 20036	Date MM / DD / YYYY 03 / 22 / 2007		
Purpose of Disbursement: Building Utilities & Fees			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-108632		

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
272.10		272.12		544.22

**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)**  
JIB Monitoring Center

Mailing Address  
1120 Connecticut Avenue, NW Suite 1200

City	State	Zip Code
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  
1864217.53

Date  /  /   
**Transaction ID:** H4-108633

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.00		25.00		50.00

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

Mailing Address  
PO Box 856042

City	State	Zip Code
Louisville	KY	40285

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  
1864639.14

Date  /  /   
**Transaction ID:** H4-108653

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.80		210.81		421.61

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

Mailing Address  
18031 Mark Lane

City	State	Zip Code
Yorba Linda	CA	92886

Purpose of Disbursement:  
Travel/ Accommodations

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  
49850.36

Date  /  /   
**Transaction ID:** H4-108657

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
152.88		152.89		305.77

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
388.68		388.70		777.38

**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)**  
UNUM Life Insurance Co. of America

Mailing Address  
P. O. Box 406990

City Atlanta	State GA	Zip Code 30384-6990	Category/ Type
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  
1867804.24

Date  /  /   
**Transaction ID:** H4-108662

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1582.55		1582.55		3165.10

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

Mailing Address  
PO Box 1

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

Activity or Event Identifier:  
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  
1867895.52

Date  /  /   
**Transaction ID:** H4-108664

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
45.64		45.64		91.28

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

Mailing Address  
P.O. Box 1100

City Albany	State NY	Zip Code 12250-0001	Category/ Type
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  
49924.50

Date  /  /   
**Transaction ID:** H4-108665

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.07		37.07		74.14

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1665.26		1665.26		3330.52

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

**A. Full Name (Last, First, Middle Initial)**  
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  
1867902.50

Date  /  /   
**Transaction ID:** H4-108666

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.49		3.49		6.98

**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/ Accommodations

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  
49975.50

Date  /  /   
**Transaction ID:** H4-108667

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.50		25.50		51.00

**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

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  
50123.03

Date  /  /   
**Transaction ID:** H4-108668

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
73.76		73.77		147.53

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
102.75		102.76		205.51

**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)**  
Patricia Williams

Mailing Address  
3 Wyndham Drive

City State Zip Code  
Portola Valley CA 94028

Purpose of Disbursement:  
Travel/ Accommodations

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

50236.74

Date 03 / 22 / 2007

Transaction ID: H4-108669

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.85		56.86		113.71

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

Mailing Address  
1308 Forest Glen Dr. South

City State Zip Code  
Winnetka IL 60093

Purpose of Disbursement:  
Consulting Fundraising

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

55236.74

Date 03 / 27 / 2007

Transaction ID: H4-108676

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2500.00		2500.00		5000.00

**C. Full Name (Last, First, Middle Initial)**  
100 Spear Street Owners' Corp

Mailing Address  
PO Box 10297

City State Zip Code  
Newark NJ 07193-0297

Purpose of Disbursement:  
Rent

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

1874623.39

Date 03 / 29 / 2007

Transaction ID: H4-108750

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3360.44		3360.45		6720.89

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5917.29		5917.31		11834.60

**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)**  
100 Spear Street Owners' Corp

Mailing Address  
PO Box 10297

City	State	Zip Code
Newark	NJ	07193-0297

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  
1874653.39

Date  /  /   
**Transaction ID:** H4-108751

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.00		15.00		30.00

**B. 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  
1874699.34

Date  /  /   
**Transaction ID:** H4-108752

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.97		22.98		45.95

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

Mailing Address  
4800 Dexter Street, NW

City	State	Zip Code
Washington	DC	20007

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  
1884699.34

Date  /  /   
**Transaction ID:** H4-108753

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5000.00		5000.00		10000.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5037.97		5037.98		10075.95

**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> Colonial Parking, 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 1050 Thomas Jefferson St., #100			Allocated Activity or Event Year-To-Date 1886169.34		
City	State	Zip Code	Date <input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>		
Washington	DC	20007			
Purpose of Disbursement: Parking Fees			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-108754		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
735.00		735.00		1470.00

<b>B. Full Name (Last, First, Middle Initial)</b> Diverse Office Solutions			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 9228 Gaither Road			Allocated Activity or Event Year-To-Date 1886302.59		
City	State	Zip Code	Date <input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>		
Gaithersburg	MD	20877			
Purpose of Disbursement: Office Supplies Expenses			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-108758		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
66.62		66.63		133.25

<b>C. Full Name (Last, First, Middle Initial)</b> Diverse Office Solutions			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 9228 Gaither Road			Allocated Activity or Event Year-To-Date 1886327.22		
City	State	Zip Code	Date <input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>		
Gaithersburg	MD	20877			
Purpose of Disbursement: Office Supplies Expenses			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-108760		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.31		12.32		24.63

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
813.93		813.95		1627.88

**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)**  
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

1887026.04

Activity or Event Identifier:  
AVD07

Date 03 / 29 / 2007

Transaction ID: H4-108761

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
349.41		349.41		698.82

**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:  
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

1888226.04

Activity or Event Identifier:  
AVD07

Date 03 / 29 / 2007

Transaction ID: H4-108762

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
600.00		600.00		1200.00

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

Mailing Address  
P. O. Box 95101

City State Zip Code  
Chicago IL 60694-5101

Purpose of Disbursement:  
Insurance Health/Life

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

1905145.80

Activity or Event Identifier:  
AVD07

Date 03 / 29 / 2007

Transaction ID: H4-108763

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8459.88		8459.88		16919.76

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9409.29		9409.29		18818.58

**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> The Guardian			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P. O. Box 95101			Allocated Activity or Event Year-To-Date 1912662.97		
City Chicago	State IL	Zip Code 60694-5101	Date <input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Insurance Health/Life			Transaction ID: H4-108764		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3758.58		3758.59		7517.17

<b>B. Full Name (Last, First, Middle Initial)</b> The Guardian			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P. O. Box 95101			Allocated Activity or Event Year-To-Date 1912732.35		
City Chicago	State IL	Zip Code 60694-5101	Date <input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Insurance Health/Life			Transaction ID: H4-108765		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.69		34.69		69.38

<b>C. Full Name (Last, First, Middle Initial)</b> Ikon Office Solutions			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 827468			Allocated Activity or Event Year-To-Date 1912854.29		
City Philadelphia	State PA	Zip Code 19182-7468	Date <input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Equipment Maintenance			Transaction ID: H4-108766		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
60.97		60.97		121.94

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3854.24		3854.25		7708.49

**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

<b>A. Full Name (Last, First, Middle Initial)</b> JTF Business Supplies			<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 5700-A General Washington Dr			Allocated Activity or Event Year-To-Date 1913157.77	
City	State	Zip Code	Category/ Type	
Alexandria	VA	22312		
Purpose of Disbursement: Equipment Maintenance			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <span style="font-size: x-small;">0 3 / 2 9 / 2 0 0 7</span>	
Activity or Event Identifier: AVD07			Transaction ID: H4-108767	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
151.74		151.74		303.48

<b>B. Full Name (Last, First, Middle Initial)</b> JTF Business Supplies			<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 5700-A General Washington Dr			Allocated Activity or Event Year-To-Date 1913667.00	
City	State	Zip Code	Category/ Type	
Alexandria	VA	22312		
Purpose of Disbursement: Equipment Maintenance			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <span style="font-size: x-small;">0 3 / 2 9 / 2 0 0 7</span>	
Activity or Event Identifier: AVD07			Transaction ID: H4-108768	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
254.61		254.62		509.23

<b>C. Full Name (Last, First, Middle Initial)</b> Rochelle Sachs Levin			<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 22800 SW 157th Avenue			Allocated Activity or Event Year-To-Date 1914667.00	
City	State	Zip Code	Category/ Type	
Miami	FL	33170		
Purpose of Disbursement: Rent			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> <span style="font-size: x-small;">0 3 / 2 9 / 2 0 0 7</span>	
Activity or Event Identifier: AVD07 See Attached Memo Entry			Transaction ID: H4-108770	

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
906.35		906.36		1812.71

**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

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

Mailing Address  
P.O. Box 15879

City State Zip Code  
Houston TX 77220-5879

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

1915667.00

Activity or Event Identifier:  
AVD07

See Attached Memo Entry

Date 03 / 29 / 2007

Transaction ID: H4-108771

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
500.00		500.00		1000.00

**B. 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 Maintainence

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

1915717.00

Activity or Event Identifier:  
AVD07

Date 03 / 29 / 2007

Transaction ID: H4-108776

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.00		25.00		50.00

**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 Maintainence

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

1915767.00

Activity or Event Identifier:  
AVD07

Date 03 / 29 / 2007

Transaction ID: H4-108777

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
550.00		550.00		1100.00

**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)**  
PTI Communications

Mailing Address  
1334-E Shepard Drive

City State Zip Code  
Sterling VA 20164-4426

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

1915817.00

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: H4-108778

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.00		25.00		50.00

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

Mailing Address  
2309 Kansas Ave.

City State Zip Code  
Silver Spring MD 20910

Purpose of Disbursement:  
Office Supplies Expenses

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

1915941.76

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: H4-108779

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
62.38		62.38		124.76

**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

1915977.21

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: H4-108780

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.72		17.73		35.45

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.10		105.11		210.21

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> United Parcel 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 P. O. Box 7247-0244			Allocated Activity or Event Year-To-Date 1916028.81		
City Philadelphia	State PA	Zip Code 19170-0001	Date <input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Deliveries			Transaction ID: H4-108781		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.80		25.80		51.60

<b>B. 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 55248.94		
City Philadelphia	State PA	Zip Code 19170-0001	Date <input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Deliveries			Transaction ID: H4-108782		
Activity or Event Identifier: PSP07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.10		6.10		12.20

<b>C. Full Name (Last, First, Middle Initial)</b> Verizon Wireless			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 25506			Allocated Activity or Event Year-To-Date 1916078.84		
City Lehigh Valley	State PA	Zip Code 18002-5506	Date <input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Telephone			Transaction ID: H4-108784		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.01		25.02		50.03

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.91		56.92		113.83

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

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

Mailing Address  
P.O. Box 2041

City	State	Zip Code
Mechanicsburg	PA	17055

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

1916476.81

Activity or Event Identifier:  
AVD07

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	0	7

Transaction ID: H4-108785

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
198.98		198.99		397.97

**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

1917713.31

Activity or Event Identifier:  
AVD07

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	7

Transaction ID: H4-108838

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

1920525.86

Activity or Event Identifier:  
AVD07

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	7

Transaction ID: H4-108839

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
2223.50		2223.52		4447.02

**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

<b>A. 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 1922195.97		
City Falls Church	State VA	Zip Code 22042	Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108840		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
835.05		835.06		1670.11

<b>B. 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 1923498.56		
City Washington	State DC	Zip Code 20009	Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108841		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
651.29		651.30		1302.59

<b>C. 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 1925633.82		
City Fairfax	State VA	Zip Code 22030	Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108842		
Activity or Event Identifier: AVD07					

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
2553.97		2553.99		5107.96

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

FEDERAL 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 Finkle

Mailing Address  
11605 34th Place

City State Zip Code  
Beltsville MD 20705

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

1926612.42

Activity or Event Identifier:  
AVD07

Date 03 / 31 / 2007

Transaction ID: H4-108843

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
489.30		489.30		978.60

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

Mailing Address  
816 Lucky Rd

City State Zip Code  
Severn MD 21144

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

1928831.94

Activity or Event Identifier:  
AVD07

Date 03 / 31 / 2007

Transaction ID: H4-108844

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1109.76		1109.76		2219.52

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

Mailing Address  
6606 Allegheny Ave

City State Zip Code  
Takoma Park MD 20912

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

1932197.45

Activity or Event Identifier:  
AVD07

Date 03 / 31 / 2007

Transaction ID: H4-108845

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1682.75		1682.76		3365.51

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3281.81		3281.82		6563.63

**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)**  
Ellen R Malcolm

Mailing Address  
5060 Linnean Avenue, NW

City State Zip Code  
Washington, DC 20008

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

1936030.44

Date 03 / 31 / 2007

Transaction ID: H4-108846

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1916.49		1916.50		3832.99

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

Mailing Address  
8220 Custer Rd

City State Zip Code  
Bethesda MD 20817

Purpose of Disbursement:  
Salaries

Category/  
Type

Activity or Event Identifier:  
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

1940739.94

Date 03 / 31 / 2007

Transaction ID: H4-108847

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2354.75		2354.75		4709.50

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

Mailing Address  
4326 South 36th Street

City State Zip Code  
Arlington VA 22206

Purpose of Disbursement:  
Salaries

Category/  
Type

Activity or Event Identifier:  
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

1942352.91

Date 03 / 31 / 2007

Transaction ID: H4-108848

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
806.48		806.49		1612.97

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5077.72		5077.74		10155.46

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Jessica Aune			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 117 Bromley Park Lane			Allocated Activity or Event Year-To-Date 1942445.26		
City Franklin	State TN	Zip Code 37069	Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108849		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.17		46.18		92.35

<b>B. Full Name (Last, First, Middle Initial)</b> Lauren Caselli			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 LXR Hall 410   Georgetown University			Allocated Activity or Event Year-To-Date 1942514.52		
City Washington	State DC	Zip Code 20057	Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108850		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.63		34.63		69.26

<b>C. 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 1943731.70		
City Falls Church	State VA	Zip Code 22046	Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108851		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
608.59		608.59		1217.18

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
689.39		689.40		1378.79

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Full Name (Last, First, Middle Initial)</b> Amy Drummond			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 104 Roberts Lane #401			Allocated Activity or Event Year-To-Date 1945357.49		
City Alexandria	State VA	Zip Code 22314	Date MM / DD / YYYY 03 / 31 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-108852		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
812.89		812.90		1625.79

<b>B. 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 1947002.66		
City Pelham	State NY	Zip Code 10803	Date MM / DD / YYYY 03 / 31 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-108853		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
822.58		822.59		1645.17

<b>C. 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 1951205.19		
City Alexandria	State VA	Zip Code 22312	Date MM / DD / YYYY 03 / 31 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-108854		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2101.26		2101.27		4202.53

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3736.73		3736.76		7473.49

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Elizabeth Hagen			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 1951319.17		
City	State	Zip Code	Category/ Type		
Washington	DC	20016			
Purpose of Disbursement: Salaries			Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Activity or Event Identifier: AVD07			Transaction ID: H4-108855		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.99		56.99		113.98

<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 1953699.59		
City	State	Zip Code	Category/ Type		
Baltimore	MD	21224			
Purpose of Disbursement: Salaries			Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Activity or Event Identifier: AVD07			Transaction ID: H4-108856		

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 1957670.26		
City	State	Zip Code	Category/ Type		
Miami	FL	33170			
Purpose of Disbursement: Salaries			Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Activity or Event Identifier: AVD07			Transaction ID: H4-108857		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1985.33		1985.34		3970.67

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3232.53		3232.54		6465.07

**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> Anna Lidman			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 37 Brookview Terrace			Allocated Activity or Event Year-To-Date 1960078.17		
City Portland	State ME	Zip Code 04102	Category/ Type		
Purpose of Disbursement: Salaries					
Activity or Event Identifier: AVD07			Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108858		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1203.95"/>		<input type="text" value="1203.96"/>		<input type="text" value="2407.91"/>

<b>B. 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., Apt 727			Allocated Activity or Event Year-To-Date 1960955.84		
City Washington	State DC	Zip Code 20005	Category/ Type		
Purpose of Disbursement: Salaries					
Activity or Event Identifier: AVD07			Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108859		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="438.83"/>		<input type="text" value="438.84"/>		<input type="text" value="877.67"/>

<b>C. Full Name (Last, First, Middle Initial)</b> Judy Loeb Goldfein			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 50 East 89th Street 6E			Allocated Activity or Event Year-To-Date 1964400.43		
City New York	State NY	Zip Code 10128	Category/ Type		
Purpose of Disbursement: Salaries					
Activity or Event Identifier: AVD07			Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/> <b>Transaction ID:</b> H4-108860		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1722.29"/>		<input type="text" value="1722.30"/>		<input type="text" value="3444.59"/>

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="3365.07"/>		<input type="text" value="3365.10"/>		<input type="text" value="6730.17"/>

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<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)**  
Karen McLoughin

Mailing Address  
4212 River Rd, NW

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

1964513.41

Date 03 / 31 / 2007

Transaction ID: H4-108861

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.49		56.49		112.98

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

Mailing Address  
14637 Locustwood Lane

City State Zip Code  
Silver Spring MD 20905

Purpose of Disbursement:  
Salaries

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

1965591.33

Date 03 / 31 / 2007

Transaction ID: H4-108862

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
538.96		538.96		1077.92

**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:  
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

1969097.54

Date 03 / 31 / 2007

Transaction ID: H4-108863

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1753.10		1753.11		3506.21

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2348.55		2348.56		4697.11

**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)**  
Lindsey O'Connell

Mailing Address  
Georgetwon U Village A D202

City State Zip Code  
Washington DC 20057

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

1969189.89

Date 03 / 31 / 2007

Transaction ID: H4-108864

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.17		46.18		92.35

**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

1970637.24

Date 03 / 31 / 2007

Transaction ID: H4-108865

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
723.67		723.68		1447.35

**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

1972022.60

Date 03 / 31 / 2007

Transaction ID: H4-108866

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
692.68		692.68		1385.36

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1462.52		1462.54		2925.06

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

**A. Full Name (Last, First, Middle Initial)**  
Lauren Reznick

Mailing Address  
1276 N. Wayne Street Apt 300

City	State	Zip Code
Arlington	VA	22201

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  
1972595.83

Date  /  /   
**Transaction ID:** H4-108867

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
286.61		286.62		573.23

**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

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  
1973752.74

Date  /  /   
**Transaction ID:** H4-108868

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
578.45		578.46		1156.91

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

Mailing Address  
4875 Mattos Drive

City	State	Zip Code
Freemont	CA	94536

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  
1974689.71

Date  /  /   
**Transaction ID:** H4-108869

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
468.48		468.49		936.97

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1333.54		1333.57		2667.11

**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> Jennifer Sanford			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 802 H Gallop Hill Rd.			Allocated Activity or Event Year-To-Date 1975601.09		
City Gaithersburg	State MD	Zip Code 20879	Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108870		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
455.69		455.69		911.38

<b>B. Full Name (Last, First, Middle Initial)</b> Patricia Seitz			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 617 14th Street, N.E			Allocated Activity or Event Year-To-Date 1976558.76		
City Washington	State DC	Zip Code 20002	Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108871		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
478.83		478.84		957.67

<b>C. Full Name (Last, First, Middle Initial)</b> Emily Thomas			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3850 Tunlaw Rd   Apt 503			Allocated Activity or Event Year-To-Date 1976648.11		
City Washington	State DC	Zip Code 20007	Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108872		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.67		44.68		89.35

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
979.19		979.21		1958.40

**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)**  
Alexis Thorburn

Mailing Address  
4400 Mass Ave NW Anderson Hall T-03

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

1976786.63

Date MM / DD / YYYY  
03 / 31 / 2007

Transaction ID: H4-108873

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
69.26		69.26		138.52

**B. 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

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

1978024.90

Date MM / DD / YYYY  
03 / 31 / 2007

Transaction ID: H4-108874

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
619.13		619.14		1238.27

**C. 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

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

1979656.44

Date MM / DD / YYYY  
03 / 31 / 2007

Transaction ID: H4-108875

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
815.77		815.77		1631.54

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1504.16		1504.17		3008.33

**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

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

Mailing Address  
3 Wyndham Drive

City State Zip Code  
Portola Valley CA 94028

Purpose of Disbursement:  
Salaries

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

1983568.35

Activity or Event Identifier:  
AVD07

Date 03 / 31 / 2007

Transaction ID: H4-108876

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1955.95		1955.96		3911.91

**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

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

1984966.34

Activity or Event Identifier:  
AVD07

Date 03 / 31 / 2007

Transaction ID: H4-108877

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
698.99		699.00		1397.99

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

Mailing Address  
2400 16th St NW Apt 607

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

1985177.25

Activity or Event Identifier:  
AVD07

Date 03 / 31 / 2007

Transaction ID: H4-108878

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.45		105.46		210.91

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2760.39		2760.42		5520.81

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

FEDERAL 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

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

1987999.08

Date 03 / 31 / 2007

Transaction ID: H4-108879

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1410.91		1410.92		2821.83

**B. 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

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

1988941.20

Date 03 / 31 / 2007

Transaction ID: H4-108880

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
471.06		471.06		942.12

**C. 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

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

1992000.46

Date 03 / 31 / 2007

Transaction ID: H4-108881

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1529.63		1529.63		3059.26

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3411.60		3411.61		6823.21

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

**A. Full Name (Last, First, Middle Initial)**  
Jackie Spirer

Mailing Address  
3606 T Street 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

1992092.81

Date 03 / 31 / 2007

Transaction ID: H4-108882

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.17		46.18		92.35

**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

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

1993393.17

Date 03 / 31 / 2007

Transaction ID: H4-108883

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
650.18		650.18		1300.36

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

Mailing Address  
203 South Paterson Street Suite 400

City State Zip Code  
Madison WI 53703

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

1995827.42

Date 03 / 31 / 2007

Transaction ID: H4-108884

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1217.12		1217.13		2434.25

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1913.47		1913.49		3826.96

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

FEDERAL 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

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1997374.42

Activity or Event Identifier:  
AVD07

Date  /  /

Transaction ID: H4-108885

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="773.50"/>		<input type="text" value="773.50"/>		<input type="text" value="1547.00"/>

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

Mailing Address  
121 South Hamilton Street Apt M

City State Zip Code  
Madison WI 53703

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

1999050.75

Activity or Event Identifier:  
AVD07

Date  /  /

Transaction ID: H4-108886

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="838.16"/>		<input type="text" value="838.17"/>		<input type="text" value="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

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

2000053.34

Activity or Event Identifier:  
AVD07

Date  /  /

Transaction ID: H4-108887

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="501.29"/>		<input type="text" value="501.30"/>		<input type="text" value="1002.59"/>

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="2112.95"/>		<input type="text" value="2112.97"/>		<input type="text" value="4225.92"/>

**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
<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> 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 2002800.99		
City North Scituate	State RI	Zip Code 02857	Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108888		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1373.82		1373.83		2747.65

<b>B. Full Name (Last, First, Middle Initial)</b> Juanett Davis			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 2120 4th Ave.   Apt #6			Allocated Activity or Event Year-To-Date 2002847.16		
City Los Angeles	State CA	Zip Code 90018	Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108889		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.08		23.09		46.17

<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 2004092.37		
City Washington	State DC	Zip Code 20009	Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108890		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
622.60		622.61		1245.21

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2019.50		2019.53		4039.03

**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

<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 2007807.90		
City Arlington	State VA	Zip Code 22207	Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108891		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1857.76		1857.77		3715.53

<b>B. Full Name (Last, First, Middle Initial)</b> Ava 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 1759 Poplar Lane NW			Allocated Activity or Event Year-To-Date 2007988.60		
City Washington	State DC	Zip Code 20012	Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108892		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
90.35		90.35		180.70

<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 2010540.90		
City Sterling	State VA	Zip Code 20166	Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Salaries			Transaction ID: H4-108893		
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
3224.26		3224.27		6448.53

**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)**  
Susan Markham

Mailing Address  
1402 Emerson Street, NW

City State Zip Code  
Washington DC 20011

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

2013210.11

Date 03 / 31 / 2007

Transaction ID: H4-108894

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1334.60		1334.61		2669.21

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

Mailing Address  
4403 Woodgate Way

City State Zip Code  
Bowie MD 20720

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

2013341.87

Date 03 / 31 / 2007

Transaction ID: H4-108895

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
65.88		65.88		131.76

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

Mailing Address  
950 24th Street NW #704

City State Zip Code  
Washington DC 20052

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

2013478.39

Date 03 / 31 / 2007

Transaction ID: H4-108896

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
68.26		68.26		136.52

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1468.74		1468.75		2937.49

**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)**  
Jonathan B. Parker

Mailing Address  
2707 Adams Mill Rd. NW #404

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

2015475.27

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
03 / 31 / 2007

Transaction ID: H4-108897

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
998.44		998.44		1996.88

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

Mailing Address  
4240 39th St NW Apt B

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

2015655.97

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
03 / 31 / 2007

Transaction ID: H4-108898

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
90.35		90.35		180.70

**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

2016702.68

Activity or Event Identifier:  
AVD07

Date MM / DD / YYYY  
03 / 31 / 2007

Transaction ID: H4-108899

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
523.35		523.36		1046.71

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1612.14		1612.15		3224.29

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

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

Mailing Address  
4212 26th Street, Unit A

City State Zip Code  
San Francisco CA 94131

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

2019240.18

Activity or Event Identifier:  
AVD07

Date 03 / 31 / 2007

Transaction ID: H4-108900

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1268.75		1268.75		2537.50

**B. 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

2021776.79

Activity or Event Identifier:  
AVD07

Date 03 / 31 / 2007

Transaction ID: H4-108901

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1268.30		1268.31		2536.61

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

Mailing Address  
21811 Oceanview Lane

City State Zip Code  
Huntington Beach CA 92646

Purpose of Disbursement:  
Salaries

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

2024057.85

Activity or Event Identifier:  
AVD07

Date 03 / 31 / 2007

Transaction ID: H4-108902

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1140.53		1140.53		2281.06

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3677.58		3677.59		7355.17

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

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

Mailing Address  
624 East Broadway

City	State	Zip Code
Boston	MA	02127

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  
2026886.33

Date  /  /   
**Transaction ID:** H4-108903

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1414.24		1414.24		2828.48

**B. 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  
2029222.44

Date  /  /   
**Transaction ID:** H4-108904

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1168.05		1168.06		2336.11

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

Mailing Address  
2521 Pennsylvania Ave. NW

City	State	Zip Code
Washington	DC	20037

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  
2029360.96

Date  /  /   
**Transaction ID:** H4-108905

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
2651.55		2651.56		5303.11

**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)**  
David McGonagle

Mailing Address  
4857 Battery Lane Apt 506

City State Zip Code  
Bethesda MD 20814

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

2031133.94

Activity or Event Identifier:  
AVD07

Date 03 / 31 / 2007

Transaction ID: H4-108906

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
886.49		886.49		1772.98

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

Mailing Address  
913 South Decker Avenue

City State Zip Code  
Baltimore MD 21224

Purpose of Disbursement:  
Salaries

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

2033740.76

Activity or Event Identifier:  
AVD07

Date 03 / 31 / 2007

Transaction ID: H4-108907

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1303.41		1303.41		2606.82

**C. 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

2033856.20

Activity or Event Identifier:  
AVD07

Date 03 / 31 / 2007

Transaction ID: H4-108908

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
2247.62		2247.62		4495.24

**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

<b>A. 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 2036118.84		
City Alexandria	State VA	Zip Code 22301	Date <small>M M / D D / Y Y Y Y</small> 03 / 31 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-108909		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1131.32		1131.32		2262.64

<b>B. Full Name (Last, First, Middle Initial)</b> Stacia Young			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 Mass Ave NW   Hughes Hall 206			Allocated Activity or Event Year-To-Date 2036211.19		
City Washington	State DC	Zip Code 20016	Date <small>M M / D D / Y Y Y Y</small> 03 / 31 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-108910		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.17		46.18		92.35

<b>C. Full Name (Last, First, Middle Initial)</b> Laila Mohib			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 616 E Street N.W.   Apt 712			Allocated Activity or Event Year-To-Date 2037410.68		
City Washington	State DC	Zip Code 20004	Date <small>M M / D D / Y Y Y Y</small> 03 / 31 / 2007		
Purpose of Disbursement: Salaries			Transaction ID: H4-108911		
Activity or Event Identifier: AVD07					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
599.74		599.75		1199.49

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1777.23		1777.25		3554.48

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)

EMILY's List

**A. Full Name (Last, First, Middle Initial)**  
Edna Romero

Mailing Address  
7111 Halleck Street

City State Zip Code  
District Heights MD 20747

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

2038899.93

Date MM / DD / YYYY  
03 / 31 / 2007

Transaction ID: H4-108912

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
744.62		744.63		1489.25

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

Mailing Address  
6974 Hanover Parkway Unit 300

City State Zip Code  
Greenbelt MD 20770

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

2040820.98

Date MM / DD / YYYY  
03 / 31 / 2007

Transaction ID: H4-108913

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
960.52		960.53		1921.05

**C. 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

2042185.85

Date MM / DD / YYYY  
03 / 31 / 2007

Transaction ID: H4-108914

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
682.43		682.44		1364.87

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2387.57		2387.60		4775.17

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

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

2096390.29

Date 03 / 31 / 2007

Transaction ID: H4-108915

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27102.22		27102.22		54204.44

**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

2097179.27

Date 03 / 31 / 2007

Transaction ID: H4-108916

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
394.49		394.49		788.98

**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

2112482.37

Date 03 / 31 / 2007

Transaction ID: H4-108917

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7651.55		7651.55		15303.10

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
35148.26		35148.26		70296.52

**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> 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 2112675.96		
City Fairfax	State VA	Zip Code 22031	Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Taxes - Payroll			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-108918		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="96.79"/>		<input type="text" value="96.80"/>		<input type="text" value="193.59"/>

<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 2112745.22		
City Fairfax	State VA	Zip Code 22031	Date <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Taxes - Payroll			Category/ Type		
Activity or Event Identifier: AVD07			Transaction ID: H4-109019		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="34.63"/>		<input type="text" value="34.63"/>		<input type="text" value="69.26"/>

<b>C. Full Name (Last, First, Middle Initial)</b> Road Runner			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 172567			Allocated Activity or Event Year-To-Date .00		
City Denver	State CO	Zip Code 80217	Date <input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Computer Services			Category/ Type		
Activity or Event Identifier: [MEMO ITEM]			Transaction ID: H4-108087-10000		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="25.00"/>		<input type="text" value="25.00"/>		<input type="text" value="50.00"/>

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="131.42"/>		<input type="text" value="131.43"/>		<input type="text" value="262.85"/>

**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)**  
Verizon

Mailing Address  
PO Box 96088

City	State	Zip Code
Bellevue	WA	98009

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

Date  /  /

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

Transaction ID: H4-108089-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="100.00"/>		<input type="text" value="100.00"/>		<input type="text" value="200.00"/>

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

Mailing Address  
PO Box 3200

City	State	Zip Code
Salem	VA	24153

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

Date  /  /

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

Transaction ID: H4-108103-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="3.72"/>		<input type="text" value="3.73"/>		<input type="text" value="7.45"/>

**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:  
Internet Services

Type of Allocated 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: H4-108104-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="27.17"/>		<input type="text" value="27.17"/>		<input type="text" value="54.34"/>

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="0.00"/>		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>

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

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

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

NAME OF COMMITTEE (In Full)  
EMILY's List

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

Mailing Address  
PO Box 17890

City	State	Zip Code
Denver	CO	80217

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:** H4-108104-20000

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

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

Mailing Address  
PO Box 68055

City	State	Zip Code
Anaheim Hills	CA	92817

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:** H4-108104-25000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="40.13"/>		<input type="text" value="40.13"/>		<input type="text" value="80.26"/>

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

Mailing Address  
140 West Street

City	State	Zip Code
New York	NY	10007

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:** H4-108104-35000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="20.00"/>		<input type="text" value="20.00"/>		<input type="text" value="40.00"/>

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="0.00"/>		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<input type="text" 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)**  
Verizon Wireless

Mailing Address  
140 West Street

City	State	Zip Code
New York	NY	10007

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

Date  /  /

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

Transaction ID: H4-108162-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="58.92"/>		<input type="text" value="58.93"/>		<input type="text" value="117.85"/>

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

Mailing Address  
1725 Desales Street NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement:  
Travel/Accommodation /Meals

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

Allocated Activity or Event Year-To-Date

Date  /  /

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

Transaction ID: H4-108219-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="23.29"/>		<input type="text" value="23.30"/>		<input type="text" value="46.59"/>

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

Mailing Address  
PO Box 70529

City	State	Zip Code
Charlotte	NC	28272

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

Date  /  /

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

Transaction ID: H4-108242-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="140.53"/>		<input type="text" value="140.54"/>		<input type="text" value="281.07"/>

**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)**  
Time Warner  
**Mailing Address**  
One Time Warner Center  
**City** New York **State** NY **Zip Code** 10019  
**Purpose of Disbursement:**  
Internet Services

**Type of Allocated 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** 03 / 08 / 2007  
**Transaction ID:** H4-108247-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.17		27.17		54.34

**B. Full Name (Last, First, Middle Initial)**  
MCI  
**Mailing Address**  
PO Box 17890  
**City** Denver **State** CO **Zip Code** 80217  
**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** 03 / 08 / 2007  
**Transaction ID:** H4-108249-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.50		34.50		69.00

**C. Full Name (Last, First, Middle Initial)**  
AT&T  
**Mailing Address**  
PO Box 68055  
**City** Anaheim Hills **State** CA **Zip Code** 92817  
**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** 01 / 11 / 2007  
**Transaction ID:** H4-108249-15000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
35.72		35.72		71.44

**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

Mailing Address  
140 West Street

City State Zip Code  
New York NY 10007

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 03 / 01 / 2007

Transaction ID: H4-108249-25000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.00		20.00		40.00

**B. Full Name (Last, First, Middle Initial)**  
U. S. Postal Service

Mailing Address  
1501 Connecticut Ave NW

City State Zip Code  
Washington DC 20036

Purpose of Disbursement:  
Postage

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108291-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
117.50		117.50		235.00

**C. Full Name (Last, First, Middle Initial)**  
Bistro 320 Inc

Mailing Address  
320 Park Ave

City State Zip Code  
New York NY 10022

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 03 / 12 / 2007

Transaction ID: H4-108292-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.55		10.55		21.10

**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)**  
Starbucks  
Mailing Address  
116 E 57th St  
City State Zip Code  
New York NY 10022  
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 03 / 12 / 2007  
Transaction ID: H4-108292-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.89		3.89		7.78

**B. Full Name (Last, First, Middle Initial)**  
United Airlines  
Mailing Address  
PO Box 66100  
City State Zip Code  
Chicago IL 60666  
Purpose of Disbursement:  
Travel/ Accommodations  
Activity or Event Identifier:

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
Date 03 / 12 / 2007  
Transaction ID: H4-108292-30000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
134.40		134.40		268.80

**C. Full Name (Last, First, Middle Initial)**  
Cassis Travel  
Mailing Address  
535 5th Avenue  
City State Zip Code  
New York NY 10017  
Purpose of Disbursement:  
Travel/ Accommodations  
Activity or Event Identifier:

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
Date 03 / 12 / 2007  
Transaction ID: H4-108292-40000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.50		17.50		35.00

**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/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Date 03 / 12 / 2007

Transaction ID: H4-108292-80000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.50		2.50		5.00

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

Mailing Address  
3965 Freedom Circle

City State Zip Code  
Santa Clara CA 95054

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 03 / 12 / 2007

Transaction ID: H4-108295-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
43.84		43.85		87.69

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

Mailing Address  
4152 Cole Ave #103

City State Zip Code  
Dallas TX 75204

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 03 / 12 / 2007

Transaction ID: H4-108296-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
124.45		124.46		248.91

**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)**  
Borders Books

Mailing Address  
570 Meyerland Plaza

City	State	Zip Code
Houston	TX	77096

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:** H4-108297-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="14.04"/>		<input type="text" value="14.05"/>		<input type="text" value="28.09"/>

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

Mailing Address  
1600 Smith Street

City	State	Zip Code
Houston	TX	77002

Purpose of Disbursement:  
Travel/ Accommodations

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

Allocated Activity or Event Year-To-Date

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

Date  /  /   
**Transaction ID:** H4-108298-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="114.90"/>		<input type="text" value="114.90"/>		<input type="text" value="229.80"/>

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

Mailing Address  
7000 Westview Ste 302

City	State	Zip Code
Houston	TX	77055

Purpose of Disbursement:  
Travel/ Accommodations

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

Allocated Activity or Event Year-To-Date

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

Date  /  /   
**Transaction ID:** H4-108298-20000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="35.00"/>		<input type="text" value="35.00"/>		<input type="text" value="70.00"/>

**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)**  
Warwick Melrose Hotel  
**Mailing Address**  
3015 Oak Lawn Avenue  
**City** Dallas **State** TX **Zip Code** 75219  
**Purpose of Disbursement:**  
Travel/ Accommodations  
**Activity or Event Identifier:**

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
\_\_\_\_\_.00  
**Date** MM / DD / YYYY  
03 / 12 / 2007  
**Transaction ID:** H4-108298-30000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.35		28.36		56.71

**B. Full Name (Last, First, Middle Initial)**  
Warwick Melrose Hotel  
**Mailing Address**  
3015 Oak Lawn Avenue  
**City** Dallas **State** TX **Zip Code** 75219  
**Purpose of Disbursement:**  
Travel/ Accommodations  
**Activity or Event Identifier:**

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
\_\_\_\_\_.00  
**Date** MM / DD / YYYY  
03 / 12 / 2007  
**Transaction ID:** H4-108298-40000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.24		46.24		92.48

**C. Full Name (Last, First, Middle Initial)**  
Warwick Melrose Hotel  
**Mailing Address**  
3015 Oak Lawn Avenue  
**City** Dallas **State** TX **Zip Code** 75219  
**Purpose of Disbursement:**  
Travel/ Accommodations  
**Activity or Event Identifier:**

**Type of Allocated Activity:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
**Allocated Activity or Event Year-To-Date**  
\_\_\_\_\_.00  
**Date** MM / DD / YYYY  
03 / 12 / 2007  
**Transaction ID:** H4-108298-50000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.83		12.82		25.65

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

**A. Full Name (Last, First, Middle Initial)**  
Warwick Melrose Hotel

Mailing Address  
3015 Oak Lawn Avenue

City	State	Zip Code
Dallas	TX	75219

Purpose of Disbursement:  
Travel/ Accommodations

Activity or Event Identifier:

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

Allocated Activity or Event Year-To-Date

Date  /  /   
**Transaction ID:** H4-108298-60000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="129.92"/>		<input type="text" value="129.92"/>		<input type="text" value="259.84"/>

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

Mailing Address  
2121 San Jacinto St

City	State	Zip Code
Dallas	TX	75219

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:** H4-108298-70000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="2.02"/>		<input type="text" value="2.02"/>		<input type="text" value="4.04"/>

**C. Full Name (Last, First, Middle Initial)**  
South Houston Limousine

Mailing Address  
2323 S Voss Rd

City	State	Zip Code
South Houston	TX	77057

Purpose of Disbursement:  
Travel/ Accommodations

Activity or Event Identifier:

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

Allocated Activity or Event Year-To-Date

Date  /  /   
**Transaction ID:** H4-108298-80000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="35.00"/>		<input type="text" value="35.00"/>		<input type="text" value="70.00"/>

**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)**  
Texaco

Mailing Address  
4605 Frankford Rd

City State Zip Code  
Dallas TX 75287

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Activity or Event Identifier:

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Date 03 / 12 / 2007

Transaction ID: H4-108298-90000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.34		1.34		2.68

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

Mailing Address  
7020 Cedar Springs Road

City State Zip Code  
Dallas TX 75235

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Activity or Event Identifier:

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Date 03 / 12 / 2007

Transaction ID: H4-108298-100000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
89.55		89.55		179.10

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

Mailing Address  
1427 E. 60th Street

City State Zip Code  
Chicago IL 60637

Purpose of Disbursement:  
Publication & Dues

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 03 / 12 / 2007

Transaction ID: H4-108299-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.00		30.00		60.00

**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)**  
McGraw Hill E-Commerce

Mailing Address  
148 Princeton-Hightstown Road

City Hightstown	State NJ	Zip Code 08520	Category/ Type
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:** H4-108299-20000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="29.39"/>		<input type="text" value="29.39"/>		<input type="text" value="58.78"/>

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

Mailing Address  
P.O. Box 81226

City Seattle	State WA	Zip Code 98108	Category/ Type
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:** H4-108299-30000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="11.89"/>		<input type="text" value="11.89"/>		<input type="text" value="23.78"/>

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

Mailing Address  
7500 Airline Drive

City Minneapolis	State MN	Zip Code 55450	Category/ Type
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:** H4-108301-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="273.80"/>		<input type="text" value="273.80"/>		<input type="text" value="547.60"/>

**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)**  
Northwest Airlines

Mailing Address  
7500 Airline Drive

City State Zip Code  
Minneapolis MN 55450

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 03 / 12 / 2007

Transaction ID: H4-108301-20000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
175.55		175.55		351.10

**B. 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

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 03 / 12 / 2007

Transaction ID: H4-108301-30000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
699.90		699.90		1399.80

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

Mailing Address  
1550 Court Place

City State Zip Code  
Denver CO 80202

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 03 / 12 / 2007

Transaction ID: H4-108301-40000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
19.89		19.89		39.78

**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)**  
Freedoms Cab Inc

Mailing Address  
6030 Smith Rd

City	State	Zip Code
Denver	CO	80216

Purpose of Disbursement:  
Travel/Accommodation /Meals

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date  /  /

Transaction ID: H4-108301-50000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.12		27.13		54.25

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

Mailing Address  
1550 Court Place

City	State	Zip Code
Denver	CO	80202

Purpose of Disbursement:  
Travel/Accommodation /Meals

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date  /  /

Transaction ID: H4-108301-60000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.36		15.36		30.72

**C. Full Name (Last, First, Middle Initial)**  
TGI Fridays #0370

Mailing Address  
4300 Glumack Dr MSP International Airport

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  /  /

Transaction ID: H4-108301-70000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.81		4.81		9.62

**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)**  
Starbucks  
**Mailing Address**  
303 16th St # 100  
**City State Zip Code**  
Denver CO 80202  
**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** MM / DD / YYYY  
03 / 12 / 2007  
**Transaction ID:** H4-108301-80000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.20		1.21		2.41

**B. Full Name (Last, First, Middle Initial)**  
Adams Mark Hotel  
**Mailing Address**  
1550 Court Place  
**City State Zip Code**  
Denver CO 80202  
**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** MM / DD / YYYY  
03 / 12 / 2007  
**Transaction ID:** H4-108301-90000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.72		16.71		33.43

**C. Full Name (Last, First, Middle Initial)**  
Cantina Grill  
**Mailing Address**  
8900 Pena Blvd  
**City State Zip Code**  
Denver CO 80202  
**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** MM / DD / YYYY  
03 / 12 / 2007  
**Transaction ID:** H4-108301-100000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.54		5.54		11.08

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

**A. Full Name (Last, First, Middle Initial)**  
HMS Host MSP Airport

Mailing Address  
4300 Glumack Dr MSP International Airport

City	State	Zip Code
St. Paul	MN	55111

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: H4-108301-110000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="5.86"/>		<input type="text" value="5.85"/>		<input type="text" value="11.71"/>

**B. Full Name (Last, First, Middle Initial)**  
Papa John's Pizza

Mailing Address  
2525 Pennsylvania Ave NW

City	State	Zip Code
Washington	DC	20037

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: H4-108302-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="43.76"/>		<input type="text" value="43.77"/>		<input type="text" value="87.53"/>

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

Mailing Address  
1823 L Street NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement:  
Travel/Accommodation /Meals

Type of Allocated 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: H4-108302-20000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="3.87"/>		<input type="text" value="3.87"/>		<input type="text" value="7.74"/>

**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)**  
Idealist.org  
**Mailing Address**  
360 West 31st Street Suite 1510  
**City State Zip Code**  
New York NY 10001  
**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**  
.00

**Activity or Event Identifier:**

**Date** MM / DD / YYYY  
03 / 12 / 2007

**[MEMO ITEM]** **Transaction ID:** H4-108303-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.00		25.00		50.00

**B. Full Name (Last, First, Middle Initial)**  
AU Career Center  
**Mailing Address**  
4400 Massachusetts Ave, NW  
**City State Zip Code**  
Washington DC 20016  
**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**  
.00

**Activity or Event Identifier:**

**Date** MM / DD / YYYY  
03 / 12 / 2007

**[MEMO ITEM]** **Transaction ID:** H4-108303-20000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
55.00		55.00		110.00

**C. 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**  
.00

**Activity or Event Identifier:**

**Date** MM / DD / YYYY  
03 / 12 / 2007

**[MEMO ITEM]** **Transaction ID:** H4-108304-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.72		11.72		23.44

**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)**  
Monstertrak

Mailing Address

1964 Westwood Blvd 3rd Fl

City State Zip Code  
Los Angeles CA 90025

Purpose of Disbursement:  
Publication & Dues

Category/  
Type

Type of Allocated 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 03 / 12 / 2007

Transaction ID: H4-108305-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
225.00		225.00		450.00

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

Mailing Address

1192 Madison Ave

City State Zip Code  
New York NY 10128

Purpose of Disbursement:  
Office Supplies Expenses

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108306-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
32.51		32.51		65.02

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

Mailing Address

540 Park 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 03 / 12 / 2007

Transaction ID: H4-108307-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.25		11.26		22.51

**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)**  
Eat Eli Zibe Inc

Mailing Address  
1411 Third Ave

City State Zip Code  
New York NY 10028

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 03 / 12 / 2007

Transaction ID: H4-108307-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.29		12.30		24.59

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

Mailing Address  
1167 Madison Ave

City State Zip Code  
New York NY 10028

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 03 / 12 / 2007

Transaction ID: H4-108307-30000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
53.36		53.36		106.72

**C. Full Name (Last, First, Middle Initial)**  
Fig and Olive

Mailing Address  
808 Lexington 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 03 / 12 / 2007

Transaction ID: H4-108307-40000

**[MEMO ITEM]**

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
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)**  
Pershing Square  
Mailing Address  
90 E 42nd St  
City State Zip Code  
New York NY 10017  
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 03 / 12 / 2007  
**Transaction ID:** H4-108307-50000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.20		14.19		28.39

**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/ Accommodations  
Activity or Event Identifier:

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
Date 03 / 12 / 2007  
**Transaction ID:** H4-108308-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
170.57		170.58		341.15

**C. Full Name (Last, First, Middle Initial)**  
Cassis Travel  
Mailing Address  
535 5th Avenue  
City State Zip Code  
New York NY 10017  
Purpose of Disbursement:  
Travel/ Accommodations  
Activity or Event Identifier:

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date  
Date 03 / 12 / 2007  
**Transaction ID:** H4-108308-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.50		17.50		35.00

**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

Mailing Address  
939 Ridge Lake Blvd

City	State	Zip Code
Memphis	TN	38120

Purpose of Disbursement:  
Travel/ Accommodations

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

Allocated Activity or Event Year-To-Date

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

Date  /  /   
**Transaction ID:** H4-108308-30000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="95.58"/>		<input type="text" value="95.59"/>		<input type="text" value="191.17"/>

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

Mailing Address  
89 Broad Street

City	State	Zip Code
Boston	MA	02110

Purpose of Disbursement:  
Travel/ Accommodations

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

Allocated Activity or Event Year-To-Date

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

Date  /  /   
**Transaction ID:** H4-108308-40000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="16.68"/>		<input type="text" value="16.67"/>		<input type="text" value="33.35"/>

**C. Full Name (Last, First, Middle Initial)**  
The Charles Hotel

Mailing Address  
1 Bennett St

City	State	Zip Code
Cambridge	MA	02138

Purpose of Disbursement:  
Travel/ Accommodations

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

Allocated Activity or Event Year-To-Date

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

Date  /  /   
**Transaction ID:** H4-108308-50000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="9.38"/>		<input type="text" value="9.37"/>		<input type="text" value="18.75"/>

**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"/>	<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)**  
Cheap Tickets.com

Mailing Address  
500 West Madison Street Suite 1000

City State Zip Code  
Chicago IL 60661

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108312-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
202.52		202.53		405.05

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

Mailing Address  
360 MLK Boulevard

City State Zip Code  
Newark NJ 07102

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108312-20000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
62.50		62.50		125.00

**C. Full Name (Last, First, Middle Initial)**  
A-1 Air and Ice Service Co.

Mailing Address  
5810B 47th Avnue

City State Zip Code  
Riverdale MD 20737

Purpose of Disbursement:  
Furniture & Computer Equipment

Category/  
Type

Type of Allocated 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 03 / 12 / 2007

Transaction ID: H4-108324-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
884.86		884.87		1769.73

**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)**  
Dell Direct Sales, L.P.

Mailing Address  
Dell Avenue

City State Zip Code  
Scotts Valley CA 95066

Purpose of Disbursement:  
Computer Supplies/Hardware

Category/  
Type

Type of Allocated 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 03 / 12 / 2007

Transaction ID: H4-108325-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1932.58		1932.58		3865.16

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

Mailing Address  
9 JP Murphy Hwy

City State Zip Code  
West Warwick RI 02893

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 03 / 12 / 2007

Transaction ID: H4-108326-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
19.97		19.98		39.95

**C. Full Name (Last, First, Middle Initial)**  
Network Solutions, Inc.

Mailing Address  
Po Box 17305

City State Zip Code  
Baltimore MD 21297

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 03 / 12 / 2007

Transaction ID: H4-108326-20000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
119.96		119.96		239.92

**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)**  
Wal-Mart

Mailing Address  
3549 Russett GRN

City State Zip Code  
Laurel MD 20724

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 03 / 12 / 2007

Transaction ID: H4-108327-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
88.91		88.92		177.83

**B. 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 03 / 12 / 2007

Transaction ID: H4-108328-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
242.50		242.50		485.00

**C. 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 03 / 12 / 2007

Transaction ID: H4-108329-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2441.89		2441.90		4883.79

**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/ Accommodations

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108330-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
894.66		894.66		1789.32

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

Mailing Address  
PO Box 66100

City State Zip Code  
Chicago IL 60666

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108330-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.20		47.20		94.40

**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/ Accommodations

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108330-30000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.70		24.70		49.40

**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)  
Expedia

Mailing Address  
13810 SE Eastgate Way

City State Zip Code  
Bellevue WA 98005

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

\_\_\_\_\_ .00

Date  /  /

Transaction ID: H4-108330-40000

Activity or Event Identifier:

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____ 2.50		_____ 2.50		_____ 5.00

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

Mailing Address  
PO Box 66100

City State Zip Code  
Chicago IL 60666

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

\_\_\_\_\_ .00

Date  /  /

Transaction ID: H4-108330-50000

Activity or Event Identifier:

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____ 104.40		_____ 104.40		_____ 208.80

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

Mailing Address  
13810 SE Eastgate Way

City State Zip Code  
Bellevue WA 98005

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

\_\_\_\_\_ .00

Date  /  /

Transaction ID: H4-108330-60000

Activity or Event Identifier:

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____ 2.50		_____ 2.50		_____ 5.00

**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)**  
United Airlines

Mailing Address  
PO Box 66100

City State Zip Code  
Chicago IL 60666

Purpose of Disbursement:  
Travel/ Accommodations

Activity or Event Identifier:

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

Allocated Activity or Event Year-To-Date

Date  /  /   
**Transaction ID:** H4-108330-70000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="74.70"/>		<input type="text" value="74.70"/>		<input type="text" value="149.40"/>

**B. Full Name (Last, First, Middle Initial)**  
McCormick and Schmick's

Mailing Address  
34 Columbus Ave

City State Zip Code  
Boston MA 02116

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:** H4-108338-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="42.96"/>		<input type="text" value="42.97"/>		<input type="text" value="85.93"/>

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

Mailing Address  
90 Tremont St

City State Zip Code  
Boston MA 02108

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:** H4-108338-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="8.59"/>		<input type="text" value="8.59"/>		<input type="text" value="17.18"/>

**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 Hotels

Mailing Address  
89 Broad St.

City	State	Zip Code
Boston	MA	02110

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:** H4-108339-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="19.27"/>		<input type="text" value="19.28"/>		<input type="text" value="38.55"/>

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

Mailing Address  
1 Harborside Drive

City	State	Zip Code
East Boston	MA	02128

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:** H4-108339-20000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="2.72"/>		<input type="text" value="2.72"/>		<input type="text" value="5.44"/>

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

Mailing Address  
89 Broad St.

City	State	Zip Code
Boston	MA	02110

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:** H4-108339-30000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="85.44"/>		<input type="text" value="85.44"/>		<input type="text" value="170.88"/>

**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 Logan Airport  
**Mailing Address**  
1 Harborside Drive  
**City State Zip Code**  
East Boston MA 02128  
**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** MM / DD / YYYY  
03 / 12 / 2007  
**Transaction ID:** H4-108339-40000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.99		12.99		25.98

**B. 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  
**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** MM / DD / YYYY  
03 / 12 / 2007  
**Transaction ID:** H4-108339-50000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
68.65		68.65		137.30

**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  
**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** MM / DD / YYYY  
03 / 12 / 2007  
**Transaction ID:** H4-108339-60000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
68.65		68.65		137.30

**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)(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)**  
The UPS Store #3347

Mailing Address  
11 Main St. Suite 7

City	State	Zip Code
Westbrook	ME	04092

Purpose of Disbursement:  
Travel/Accomm/Meals /Postage

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date  /  /

Transaction ID: H4-108339-70000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
76.68		76.68		153.36

**B. Full Name (Last, First, Middle Initial)**  
South Water Kitchen

Mailing Address  
225 N Wabash Ave

City	State	Zip Code
Chicago	IL	60601

Purpose of Disbursement:  
Travel/Accommodation /Meals

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date  /  /

Transaction ID: H4-108340-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.00		26.00		52.00

**C. Full Name (Last, First, Middle Initial)**  
Wolfgang Puck's @ MCA

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  /  /

Transaction ID: H4-108340-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.50		16.50		33.00

**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)**  
Nonno Pino Nonno

Mailing Address  
6718 N Northwest Hwy

City State Zip Code  
Chicago IL 60631

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 03 / 12 / 2007

Transaction ID: H4-108340-30000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.50		13.50		27.00

**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/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Date 03 / 12 / 2007

Transaction ID: H4-108341-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.00		5.00		10.00

**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/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Date 03 / 12 / 2007

Transaction ID: H4-108341-20000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
94.90		94.90		189.80

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

**A. Full Name (Last, First, Middle Initial)**  
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 03 / 12 / 2007

Transaction ID: H4-108342-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.47		5.48		10.95

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

Mailing Address  
One Speen Street

City State Zip Code  
Framingham MA 01701

Purpose of Disbursement:  
Publication & Dues

Category/  
Type

Type of Allocated 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 03 / 12 / 2007

Transaction ID: H4-108343-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
49.99		50.00		99.99

**C. Full Name (Last, First, Middle Initial)**  
Microsoft Tech Support

Mailing Address  
One Microsoft Way

City State Zip Code  
Redmond WA 98052

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

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108344-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
122.50		122.50		245.00

**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  
1520 Tripp Circle

City Madison	State WI	Zip Code 53706	Category/ Type
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  
 \_\_\_\_\_ .00

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

Date  /  /   
**Transaction ID:** H4-108345-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="7.84"/>		<input type="text" value="7.85"/>		<input type="text" value="15.69"/>

**B. Full Name (Last, First, Middle Initial)**  
Walgreens #061325

Mailing Address  
676 State Street

City Madison	State WI	Zip Code 53703	Category/ Type
Purpose of Disbursement: Office Supplies Expenses			

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
 Allocated Activity or Event Year-To-Date  
 \_\_\_\_\_ .00

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

Date  /  /   
**Transaction ID:** H4-108346-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="6.81"/>		<input type="text" value="6.82"/>		<input type="text" value="13.63"/>

**C. Full Name (Last, First, Middle Initial)**  
Miss Katie's Diner

Mailing Address  
1900 W Clybourn St

City Milwaukee	State WI	Zip Code 53233	Category/ Type
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  /  /   
**Transaction ID:** H4-108346-20000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="15.00"/>		<input type="text" value="15.00"/>		<input type="text" value="30.00"/>

**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)**  
Miss Katie's Diner

Mailing Address  
1900 W Clybourn St

City State Zip Code  
Milwaukee WI 53233

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 03 / 12 / 2007

Transaction ID: H4-108346-30000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.50		4.50		9.00

**B. 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/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108346-40000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.00		17.00		34.00

**C. 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

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108347-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.99		31.00		61.99

**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

Category/  
Type

Type of Allocated 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 03 / 12 / 2007

Transaction ID: H4-108347-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.35		16.35		32.70

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

Mailing Address  
4000 Wisconsin Ave NW

City State Zip Code  
Washington DC 20016

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

Date 03 / 12 / 2007

Transaction ID: H4-108348-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.54		23.55		47.09

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

Mailing Address  
P.O. Box 475

City State Zip Code  
Jericho NY 11753

Purpose of Disbursement:  
Telephone

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Date 03 / 12 / 2007

Transaction ID: H4-108349-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.03		3.03		6.06

**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)**  
Doubletree Hotel

Mailing Address  
569 Lexington Avenue

City State Zip Code  
New York NY 10022

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108350-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.38		5.39		10.77

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

Mailing Address  
1725 DeSales St NW

City State Zip Code  
Washington DC 20036

Purpose of Disbursement:  
Travel/Accommodation /Meals

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108352-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.29		23.30		46.59

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

Mailing Address  
307 Farnum Pike

City State Zip Code  
Smithfield RI 02917

Purpose of Disbursement:  
Building Utilities & Fees

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108370-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
39.55		39.55		79.10

**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 03 / 12 / 2007

Transaction ID: H4-108371-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.47		7.48		14.95

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

Mailing Address  
1386 Atwood Ave

City State Zip Code  
Johnston RI 02919

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 03 / 12 / 2007

Transaction ID: H4-108372-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.34		27.35		54.69

**C. Full Name (Last, First, Middle Initial)**  
New York MTA

Mailing Address  
347 Madison Avenue

City State Zip Code  
New York NY 10017

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108373-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.00		1.00		2.00

**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)**  
New York MTA

Mailing Address  
347 Madison Avenue

City State Zip Code  
New York NY 10017

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108373-15000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.00		1.00		2.00

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

Mailing Address  
56 Pine Street

City State Zip Code  
Providence RI 02903

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108373-30000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.50		22.50		45.00

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

Mailing Address  
100 Gaspee St

City State Zip Code  
Providence RI 03903

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108373-40000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
38.00		38.00		76.00

**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)**  
Clarion Hotel

Mailing Address  
320 Hillsborough St

City State Zip Code  
Raleigh NC 27603

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108373-50000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.36		6.36		12.72

**B. Full Name (Last, First, Middle Initial)**  
New York MTA

Mailing Address  
347 Madison Avenue

City State Zip Code  
New York NY 10017

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108373-55000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.00		1.00		2.00

**C. Full Name (Last, First, Middle Initial)**  
New York MTA

Mailing Address  
347 Madison Avenue

City State Zip Code  
New York NY 10017

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108373-62500

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.00		1.00		2.00

**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)**  
Fitzptrk Grand Cent Hotel

Mailing Address  
141 E 44th St

City State Zip Code  
New York NY 10017

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108373-80000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
79.84		79.85		159.69

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

Mailing Address  
87 E 42nd St

City State Zip Code  
New York NY 10017

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108373-90000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.50		46.50		93.00

**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/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108373-100000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
104.40		104.40		208.80

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

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

Mailing Address  
2862 Hartford Ave

City State Zip Code  
Johnston RI 02919

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108373-110000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.32		18.32		36.64

**B. Full Name (Last, First, Middle Initial)**  
Harvard Square Hotel

Mailing Address  
110 Mount Auburn St

City State Zip Code  
Cambridge MA 02138

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108373-120000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.50		17.50		35.00

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

Mailing Address  
100 Gaspee Street

City State Zip Code  
Providence RI 02903

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 03 / 12 / 2007

Transaction ID: H4-108374-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.28		4.28		8.56

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

**A. Full Name (Last, First, Middle Initial)**  
Menchanko Tei

Mailing Address  
44-45 West 55th St

City New York	State NY	Zip Code 10019
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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

Date  /  /

**Transaction ID:** H4-108374-20000

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="5.10"/>		<input type="text" value="5.11"/>		<input type="text" value="10.21"/>

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

Mailing Address  
141 E 44th St

City New York	State NY	Zip Code 10017
------------------	-------------	-------------------

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:** H4-108374-30000

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="6.22"/>		<input type="text" value="6.22"/>		<input type="text" value="12.44"/>

**C. Full Name (Last, First, Middle Initial)**  
Bits, Bites, and Baguettes

Mailing Address  
22 Park Pl

City New York	State NY	Zip Code 10001
------------------	-------------	-------------------

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:** H4-108374-40000

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="3.38"/>		<input type="text" value="3.39"/>		<input type="text" value="6.77"/>

**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)**  
Penn Plaza Inc

Mailing Address  
401 7th Ave

City State Zip Code  
New York NY 10001

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 03 / 12 / 2007

Transaction ID: H4-108374-50000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.18		6.18		12.36

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

Mailing Address  
460 8th Ave

City State Zip Code  
New York NY 10001

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 03 / 12 / 2007

Transaction ID: H4-108374-55000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.29		4.30		8.59

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

Mailing Address  
141 E 44th St

City State Zip Code  
New York NY 10017

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 03 / 12 / 2007

Transaction ID: H4-108374-57500

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.62		3.62		7.24

**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)**  
9 Tastes

Mailing Address

50 JFK St. Harvard Square

City State Zip Code  
Cambridge MA 02138

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  
03 / 12 / 2007

Transaction ID: H4-108374-70000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.58		7.57		15.15

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

Mailing Address

1 Kendall Square #100

City State Zip Code  
Cambridge MA 02138

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  
03 / 12 / 2007

Transaction ID: H4-108374-80000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.88		16.87		33.75

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

Mailing Address

401 Biscayne Blvd

City State Zip Code  
Miami FL 33132

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  
03 / 12 / 2007

Transaction ID: H4-108382-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.74		1.74		3.48

**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)  
Office Max

Mailing Address  
19650 S Dixie Hwy

City State Zip Code  
Cutler Ridge FL 33157

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 03 / 12 / 2007

Transaction ID: H4-108383-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.91		37.91		75.82

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

Mailing Address  
22350 OLD DIXIE HWY

City State Zip Code  
Miami FL 33170

Purpose of Disbursement:  
Postage

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108384-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.22		3.23		6.45

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

Mailing Address  
22350 OLD DIXIE HWY

City State Zip Code  
Miami FL 33170

Purpose of Disbursement:  
Postage

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108384-20000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.20		7.20		14.40

**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)**  
Real.com

Mailing Address  
2601 Elliott Avenue

City	State	Zip Code
Seattle	WA	98121

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:** H4-108385-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="7.89"/>		<input type="text" value="7.89"/>		<input type="text" value="15.78"/>

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

Mailing Address  
PO Box 17356

City	State	Zip Code
Baltimore	MD	21297-1356

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:** H4-108386-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="78.71"/>		<input type="text" value="78.71"/>		<input type="text" value="157.42"/>

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

Mailing Address  
1000 Boulevard Of The Arts

City	State	Zip Code
Sarasota	FL	34236

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:** H4-108387-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="2.00"/>		<input type="text" value="2.00"/>		<input type="text" value="4.00"/>

**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)**  
Hyatt Hotels

Mailing Address  
1000 Boulevard Of The Arts

City State Zip Code  
Sarasota FL 34236

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 03 / 12 / 2007

Transaction ID: H4-108387-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
132.69		132.69		265.38

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

Mailing Address  
5507 W Spruce St

City State Zip Code  
Tampa FL 33607

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 03 / 12 / 2007

Transaction ID: H4-108387-30000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.38		3.39		6.77

**C. Full Name (Last, First, Middle Initial)**  
Miami Inter Airport

Mailing Address  
1670 James Ave

City State Zip Code  
Miami FL 33139

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 03 / 12 / 2007

Transaction ID: H4-108387-40000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.39		1.39		2.78

**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)**  
Avis

Mailing Address  
5507 W Spruce St

City State Zip Code  
Tampa FL 33607

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 03 / 12 / 2007

Transaction ID: H4-108387-50000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
80.12		80.12		160.24

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

Mailing Address  
5507 W Spruce St

City State Zip Code  
Tampa FL 33607

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 03 / 12 / 2007

Transaction ID: H4-108387-60000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.68		13.69		27.37

**C. Full Name (Last, First, Middle Initial)**  
Miami Inter Airport

Mailing Address  
1670 James Ave

City State Zip Code  
Miami FL 33139

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 03 / 12 / 2007

Transaction ID: H4-108387-70000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.00		15.00		30.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

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

Mailing Address  
1670 James Ave

City	State	Zip Code
Miami	FL	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

Date  /  /

**Transaction ID:** H4-108387-80000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="18.15"/>		<input type="text" value="18.16"/>		<input type="text" value="36.31"/>

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

Mailing Address  
125 10th St NE

City	State	Zip Code
Atlanta	GA	30309

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:** H4-108387-90000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="139.09"/>		<input type="text" value="139.09"/>		<input type="text" value="278.18"/>

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

Mailing Address  
6000 North Terminal Parkway

City	State	Zip Code
Atlanta	GA	30320

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:** H4-108387-100000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="2.29"/>		<input type="text" value="2.28"/>		<input type="text" value="4.57"/>

**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)**  
Oceaniare

Mailing Address  
1100 Peachtree St

City	State	Zip Code
Atlanta	GA	30320

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:** H4-108387-110000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="26.15"/>		<input type="text" value="26.14"/>		<input type="text" value="52.29"/>

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

Mailing Address  
6000 North Terminal Parkway

City	State	Zip Code
Atlanta	GA	30320

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:** H4-108387-120000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="96.22"/>		<input type="text" value="96.21"/>		<input type="text" value="192.43"/>

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

Mailing Address  
6000 North Terminal Parkway

City	State	Zip Code
Atlanta	GA	30320

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:** H4-108387-130000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="3.63"/>		<input type="text" value="3.64"/>		<input type="text" value="7.27"/>

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="0.00"/>		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>

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

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

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

NAME OF COMMITTEE (In Full)  
EMILY's List

**A. Full Name (Last, First, Middle Initial)**  
Miami Inter Airport

Mailing Address  
1670 James Ave

City State Zip Code  
Miami FL 33139

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 03 / 12 / 2007

Transaction ID: H4-108387-140000

Activity or Event Identifier:

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.00		15.00		30.00

**B. 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

Date 03 / 12 / 2007

Transaction ID: H4-108394-10000

Activity or Event Identifier:

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.61		30.61		61.22

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

Mailing Address  
175 E. Houston St.

City State Zip Code  
San Antonio TX 78205

Purpose of Disbursement:  
Telephone

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Date 03 / 12 / 2007

Transaction ID: H4-108401-10000

Activity or Event Identifier:

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
92.98		92.98		185.96

**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)**  
Ambrosia Cafe

Mailing Address  
1100 11th St

City State Zip Code  
Sacramento CA 95814

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: H4-108402-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="2.75"/>		<input type="text" value="2.75"/>		<input type="text" value="5.50"/>

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

Mailing Address  
1209 Marina Blvd

City State Zip Code  
San Leandro CA 94577

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: H4-108402-20000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="3.13"/>		<input type="text" value="3.12"/>		<input type="text" value="6.25"/>

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

Mailing Address  
345 Spear St

City State Zip Code  
San Francisco CA 94105

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: H4-108402-30000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="35.54"/>		<input type="text" value="35.54"/>		<input type="text" value="71.08"/>

**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)  
Main and Mission Parking

Mailing Address  
Main and Mission Sts.

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

Date 03 / 12 / 2007

Transaction ID: H4-108402-40000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.00		8.00		16.00

**B.** Full Name (Last, First, Middle Initial)  
Mikuni Japanese Restaurant

Mailing Address  
1530 J St

City State Zip Code  
Sacramento CA 95814

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 03 / 12 / 2007

Transaction ID: H4-108402-50000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.00		10.00		20.00

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

Mailing Address  
1230 J St

City State Zip Code  
Sacramento CA 95814

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 03 / 12 / 2007

Transaction ID: H4-108402-60000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.54		15.55		31.09

**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)**  
United Airlines

Mailing Address  
PO Box 66100

City State Zip Code  
Chicago IL 60666

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 03 / 12 / 2007

Transaction ID: H4-108402-70000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
109.40		109.40		218.80

**B. Full Name (Last, First, Middle Initial)**  
Main and Mission Parking

Mailing Address  
Main and Mission Sts.

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 03 / 12 / 2007

Transaction ID: H4-108402-80000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.50		12.50		25.00

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

Mailing Address  
3950 Las Vegas Blvd S

City State Zip Code  
Las Vegas NV 89119

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 03 / 12 / 2007

Transaction ID: H4-108402-90000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.51		36.52		73.03

**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)**  
Priceline

Mailing Address  
800 Connecticut Avenue

City State Zip Code  
Norwalk CT 06854

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 03 / 12 / 2007

Transaction ID: H4-108402-100000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
98.55		98.55		197.10

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

Mailing Address  
3950 Las Vegas Blvd S

City State Zip Code  
Las Vegas NV 89119

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 03 / 12 / 2007

Transaction ID: H4-108402-110000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.50		6.50		13.00

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

Mailing Address  
3900 W. Charleston Suite 120

City State Zip Code  
Las Vegas NV 89102

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 03 / 12 / 2007

Transaction ID: H4-108402-120000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.67		7.66		15.33

**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)**  
Coffee Pub

Mailing Address  
2800 W Sahara Ave # 2A

City State Zip Code  
Las Vegas NV 89102

Purpose of Disbursement:  
Travel/Accommodation /Meals

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date  /  /

Transaction ID: H4-108402-130000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="14.00"/>		<input type="text" value="14.00"/>		<input type="text" value="28.00"/>

**B. Full Name (Last, First, Middle Initial)**  
The Grand Lux Cafe

Mailing Address  
3355 Las Vegas Blvd S

City State Zip Code  
Las Vegas NV 89102

Purpose of Disbursement:  
Travel/Accommodation /Meals

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date  /  /

Transaction ID: H4-108402-140000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="22.50"/>		<input type="text" value="22.50"/>		<input type="text" value="45.00"/>

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

Mailing Address  
3950 Las Vegas Blvd S

City State Zip Code  
Las Vegas NV 89119

Purpose of Disbursement:  
Travel/Accommodation /Meals

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date  /  /

Transaction ID: H4-108402-150000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="38.99"/>		<input type="text" value="38.99"/>		<input type="text" value="77.98"/>

**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)**  
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 MM / DD / YYYY  
03 / 12 / 2007

Transaction ID: H4-108402-160000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
35.00		35.00		70.00

**B. Full Name (Last, First, Middle Initial)**  
Dollar Rent-A-Car

Mailing Address  
5757 Wayne Newton Boulevard

City State Zip Code  
Las Vegas NV 89119

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  
03 / 12 / 2007

Transaction ID: H4-108402-170000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.70		47.70		95.40

**C. Full Name (Last, First, Middle Initial)**  
McCarran Int. Airport

Mailing Address  
5757 Wayne Newton Boulevard

City State Zip Code  
Las Vegas NV 89119

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  
03 / 12 / 2007

Transaction ID: H4-108402-180000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.62		4.61		9.23

**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)**  
Five Star Parking

Mailing Address  
One Airport Drive, Box 15

City State Zip Code  
Oakland CA 94612

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: H4-108402-190000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="48.00"/>		<input type="text" value="48.00"/>		<input type="text" value="96.00"/>

**B. Full Name (Last, First, Middle Initial)**  
Main and Mission Parking

Mailing Address  
Main and Mission Sts

City State Zip Code  
San Francisco CA 94105

Purpose of Disbursement:  
Travel/Accommodation /Meals

Activity or Event Identifier:

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

Allocated Activity or Event Year-To-Date

Date  /  /

Transaction ID: H4-108402-200000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="8.00"/>		<input type="text" value="8.00"/>		<input type="text" value="16.00"/>

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

Mailing Address  
6000 North Terminal Parkway

City State Zip Code  
Atlanta GA 30320

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: H4-108402-210000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="52.20"/>		<input type="text" value="52.20"/>		<input type="text" value="104.40"/>

**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)**  
Hotel Deluxe

Mailing Address  
729 SW 15th Ave

City State Zip Code  
Portland OR 97205

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 03 / 12 / 2007

Transaction ID: H4-108402-220000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.32		28.33		56.65

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

Mailing Address  
399 Court St NE, Salem

City State Zip Code  
Portland OR 97301

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 03 / 12 / 2007

Transaction ID: H4-108402-230000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.03		2.02		4.05

**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

Category/  
Type

Type of Allocated 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 03 / 12 / 2007

Transaction ID: H4-108402-240000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.50		2.50		5.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

**A. Full Name (Last, First, Middle Initial)**  
United Airlines

Mailing Address  
PO Box 66100

City	State	Zip Code
Chicago	IL	60666

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 

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	0	7

Transaction ID: H4-108402-250000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.50		14.50		29.00

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

Mailing Address  
8235 SE 13th Ave

City	State	Zip Code
Portland	OR	97202

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 

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	0	7

Transaction ID: H4-108402-260000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.37		7.38		14.75

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

Mailing Address  
1919 5th Ave

City	State	Zip Code
Seattle	WA	98101

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 

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	0	7

Transaction ID: H4-108402-270000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
89.28		89.28		178.56

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
_____	_____	_____

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

NAME OF COMMITTEE (In Full)  
EMILY's List

**A. Full Name (Last, First, Middle Initial)**  
Sheraton Hotels

Mailing Address  
1400 6th Ave

City State Zip Code  
Seattle WA 98101

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  
03 / 12 / 2007

Transaction ID: H4-108402-280000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
35.00		35.00		70.00

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

Mailing Address  
1400 6th Ave

City State Zip Code  
Seattle WA 98101

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  
03 / 12 / 2007

Transaction ID: H4-108402-290000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.33		8.34		16.67

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

Mailing Address  
1919 5th Ave

City State Zip Code  
Seattle WA 98101

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  
03 / 12 / 2007

Transaction ID: H4-108402-300000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.37		37.36		74.73

**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)**  
AMPCO System

Mailing Address  
1051 Taylor St

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 03 / 12 / 2007

Transaction ID: H4-108402-310000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.00		24.00		48.00

**B. Full Name (Last, First, Middle Initial)**  
Main and Mission Parking

Mailing Address  
Main and Mission Sts.

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 03 / 12 / 2007

Transaction ID: H4-108402-320000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.00		5.00		10.00

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

Mailing Address  
2300 Chestnut St

City State Zip Code  
Chicago IL 94123

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108402-330000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.50		6.50		13.00

**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)**  
United Airlines

Mailing Address  
2001 E. Plumb Lane

City	State	Zip Code
Reno	NV	89502

Purpose of Disbursement:  
Travel/ Accommodations

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

Allocated Activity or Event Year-To-Date

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

Date  /  /   
**Transaction ID:** H4-108402-340000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="2.64"/>		<input type="text" value="2.63"/>		<input type="text" value="5.27"/>

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

Mailing Address  
121 Spear St # B18

City	State	Zip Code
San Francisco	CA	94105

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:** H4-108402-350000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="14.75"/>		<input type="text" value="14.75"/>		<input type="text" value="29.50"/>

**C. 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

Type of Allocated 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:** H4-108402-360000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="7.00"/>		<input type="text" value="7.00"/>		<input type="text" value="14.00"/>

**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)**  
United Airlines  
**Mailing Address**  
PO Box 66100  
**City** Chicago **State** IL **Zip Code** 60666  
**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** 03 / 12 / 2007  
**Transaction ID:** H4-108402-370000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.00		7.00		14.00

**B. Full Name (Last, First, Middle Initial)**  
Dollar Rent-A-Car  
**Mailing Address**  
5757 Wayne Newton Boulevard  
**City** Las Vegas **State** NV **Zip Code** 89119  
**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** 03 / 12 / 2007  
**Transaction ID:** H4-108402-380000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
51.20		51.21		102.41

**C. Full Name (Last, First, Middle Initial)**  
AMPCO System  
**Mailing Address**  
1051 Taylor St  
**City** San Francisco **State** CA **Zip Code** 94108  
**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** 03 / 12 / 2007  
**Transaction ID:** H4-108402-390000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.00		14.00		28.00

**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 Parking

Mailing Address  
Main and Mission Sts.

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

Date 03 / 12 / 2007

Transaction ID: H4-108402-400000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.50		12.50		25.00

**B.** Full Name (Last, First, Middle Initial)  
Main and Mission Parking

Mailing Address  
Main and Mission Sts

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

Date 03 / 12 / 2007

Transaction ID: H4-108402-410000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.50		12.50		25.00

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

Mailing Address  
2 New Montgomery St

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

Date 03 / 12 / 2007

Transaction ID: H4-108402-420000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.50		2.50		5.00

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Walgreens			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 116 New Montgomery St			Allocated Activity or Event Year-To-Date _____ .00																		
City San Francisco	State CA	Zip Code 94105	Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>3</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>1</td><td>2</td></tr></table> / <table border="1"><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	0	3	D	D	1	2	Y	Y	Y	Y	2	0	0	7
M	M																				
0	3																				
D	D																				
1	2																				
Y	Y	Y	Y																		
2	0	0	7																		
Purpose of Disbursement: Travel/Accommodation /Meals			Category/ Type																		
Activity or Event Identifier: <b>[MEMO ITEM]</b>																					
<b>Transaction ID:</b> H4-108402-430000																					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.52		3.52		7.04

<b>B. Full Name (Last, First, Middle Initial)</b> Rincon 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 121 Spear St # B18			Allocated Activity or Event Year-To-Date _____ .00																		
City San Francisco	State CA	Zip Code 94105	Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>3</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>1</td><td>2</td></tr></table> / <table border="1"><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	0	3	D	D	1	2	Y	Y	Y	Y	2	0	0	7
M	M																				
0	3																				
D	D																				
1	2																				
Y	Y	Y	Y																		
2	0	0	7																		
Purpose of Disbursement: Travel/Accommodation /Meals			Category/ Type																		
Activity or Event Identifier: <b>[MEMO ITEM]</b>																					
<b>Transaction ID:</b> H4-108402-440000																					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.75		14.75		29.50

<b>C. Full Name (Last, First, Middle Initial)</b> Bullfeathers			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 410 1st St SE # 1			Allocated Activity or Event Year-To-Date _____ .00																		
City Washington	State DC	Zip Code 20003	Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>3</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>1</td><td>2</td></tr></table> / <table border="1"><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	0	3	D	D	1	2	Y	Y	Y	Y	2	0	0	7
M	M																				
0	3																				
D	D																				
1	2																				
Y	Y	Y	Y																		
2	0	0	7																		
Purpose of Disbursement: Travel/Accommodation /Meals			Category/ Type																		
Activity or Event Identifier: <b>[MEMO ITEM]</b>																					
<b>Transaction ID:</b> H4-108404-10000																					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.88		17.88		35.76

**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)**  
Stopzilla

Mailing Address  
109 Commerce Rd

City State Zip Code  
Boynton Beach FL 33426

Purpose of Disbursement:  
Computer Supplies/Hardware

Category/  
Type

Type of Allocated 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 03 / 12 / 2007

Transaction ID: H4-108406-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
307.50		307.50		615.00

**B. Full Name (Last, First, Middle Initial)**  
S-Video Com Inc

Mailing Address  
112 S 3rd St.

City State Zip Code  
Riverton WY 82501

Purpose of Disbursement:  
Computer Supplies/Hardware

Category/  
Type

Type of Allocated 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 03 / 12 / 2007

Transaction ID: H4-108406-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.19		16.20		32.39

**C. 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 03 / 12 / 2007

Transaction ID: H4-108409-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
32.26		32.27		64.53

**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)**  
The Cosmopolitan Cafe

Mailing Address  
121 Spear Street

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  
0.00

Date 03 / 12 / 2007

Transaction ID: H4-108409-20000

Activity or Event Identifier:

[MEMO ITEM]

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
32.13 + 32.13 = 64.26

**B. Full Name (Last, First, Middle Initial)**  
Union Square Garage

Mailing Address  
333 Post Street

City State Zip Code  
San Francisco CA 94108

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

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

Allocated Activity or Event Year-To-Date  
0.00

Date 03 / 12 / 2007

Transaction ID: H4-108409-30000

Activity or Event Identifier:

[MEMO ITEM]

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
2.50 + 2.50 = 5.00

**C. Full Name (Last, First, Middle Initial)**  
SF Int. Airport Parking

Mailing Address  
1 Old Bayshore Hwy

City State Zip Code  
San Francisco CA 94128

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

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

Allocated Activity or Event Year-To-Date  
0.00

Date 03 / 12 / 2007

Transaction ID: H4-108409-40000

Activity or Event Identifier:

[MEMO ITEM]

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
14.00 + 14.00 = 28.00

**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)**  
Literati

Mailing Address  
12081 Wilshire Blvd

City State Zip Code  
Los Angeles CA 90025

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 03 / 12 / 2007

Transaction ID: H4-108409-50000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.54		15.53		31.07

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

Mailing Address  
124 N Larchmont Blvd

City State Zip Code  
San Francisco CA 90004

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 03 / 12 / 2007

Transaction ID: H4-108409-60000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.41		3.41		6.82

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

Mailing Address  
360 N. Rodeo Drive

City State Zip Code  
Los Angeles CA 90210

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108410-10000

[MEMO ITEM]

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
551.53		551.52		1103.05

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)  
EMILY's List

**A. Full Name (Last, First, Middle Initial)**  
C & C Limousines

Mailing Address  
1400 Coleman Ave

City State Zip Code  
Santa Clara CA 95050

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108410-20000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
41.55		41.55		83.10

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

Mailing Address  
360 N. Rodeo Drive

City State Zip Code  
Los Angeles CA 90210

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108410-30000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.87		1.88		3.75

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

Mailing Address  
7360 La Tijera

City State Zip Code  
Los Angeles CA 90012

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108410-40000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.13		8.14		16.27

**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)**  
Hertz Car Rental

Mailing Address  
800 N Alameda St

City	State	Zip Code
Los Angeles	CA	90012

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108410-50000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
151.72		151.72		303.44

**B. Full Name (Last, First, Middle Initial)**  
C & C Limousines

Mailing Address  
1400 Coleman Ave

City	State	Zip Code
Santa Clara	CA	95050

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108410-60000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.05		44.05		88.10

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

Mailing Address  
PO Box 66100

City	State	Zip Code
Chicago	IL	60666

Purpose of Disbursement:  
Travel/ Accommodations

Category/  
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 12 / 2007

Transaction ID: H4-108410-70000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
214.41		214.40		428.81

**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/ Accommodations

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

Allocated Activity or Event Year-To-Date

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

Date  /  /   
**Transaction ID:** H4-108410-80000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="3.49"/>		<input type="text" value="3.50"/>		<input type="text" value="6.99"/>

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

Mailing Address  
2 New Montgomery St

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement:  
Travel/ Accommodations

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

Allocated Activity or Event Year-To-Date

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

Date  /  /   
**Transaction ID:** H4-108410-90000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="9.00"/>		<input type="text" value="9.00"/>		<input type="text" value="18.00"/>

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

Mailing Address  
1700 California St

City	State	Zip Code
San Francisco	CA	95104

Purpose of Disbursement:  
Travel/ Accommodations

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

Allocated Activity or Event Year-To-Date

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

Date  /  /   
**Transaction ID:** H4-108410-100000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="4.00"/>		<input type="text" value="4.00"/>		<input type="text" value="8.00"/>

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="0.00"/>		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>

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

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)**  
Palace Hotel

Mailing Address  
2 New Montgomery St

City State Zip Code  
San Francisco CA 94105

Purpose of Disbursement:  
Travel/ Accommodations

Activity or Event Identifier:

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

Allocated Activity or Event Year-To-Date

Date  /  /

Transaction ID: H4-108410-110000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="19.00"/>		<input type="text" value="19.00"/>		<input type="text" value="38.00"/>

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

Mailing Address  
PO Box 12045

City State Zip Code  
Trenton NJ 08650

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: H4-108448-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="19.00"/>		<input type="text" value="19.00"/>		<input type="text" value="38.00"/>

**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

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: H4-108626-10000

**[MEMO ITEM]**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="25.00"/>		<input type="text" value="25.00"/>		<input type="text" value="50.00"/>

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Verizon			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 96088			Allocated Activity or Event Year-To-Date _____ .00		
City Bellevue	State WA	Zip Code 98009	Date <input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Telephone			Transaction ID: H4-108627-10000		
Activity or Event Identifier: <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="50.00"/>		<input type="text" value="50.00"/>		<input type="text" value="100.00"/>

<b>B. Full Name (Last, First, Middle Initial)</b> Verizon			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 140 West Street			Allocated Activity or Event Year-To-Date _____ .00		
City New York	State NY	Zip Code 10007	Date <input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Telephone			Transaction ID: H4-108668-10000		
Activity or Event Identifier: <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="73.76"/>		<input type="text" value="73.77"/>		<input type="text" value="147.53"/>

<b>C. Full Name (Last, First, Middle Initial)</b> Comcast			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 West Leeds Ave			Allocated Activity or Event Year-To-Date _____ .00		
City Pleasantville	State NJ	Zip Code 08232	Date <input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Internet Services			Transaction ID: H4-108752-10000		
Activity or Event Identifier: <b>[MEMO ITEM]</b>					

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

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="0.00"/>		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<input type="text"/>		<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)**  
Judy Loeb Goldfein

Mailing Address  
50 East 89th Street 6E

City State Zip Code  
New York NY 10128

Purpose of Disbursement:  
Rent

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

.00

Activity or Event Identifier:

Date 03 / 29 / 2007

**[MEMO ITEM]**

Transaction ID: H4-108762-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
600.00		600.00		1200.00

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

Mailing Address  
22800 SW 157th Avenue

City State Zip Code  
Miami FL 33170

Purpose of Disbursement:  
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 03 / 29 / 2007

**[MEMO ITEM]**

Transaction ID: H4-108770-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
500.00		500.00		1000.00

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

Mailing Address  
P.O. Box 15879

City State Zip Code  
Houston TX 77220-5879

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 03 / 29 / 2007

**[MEMO ITEM]**

Transaction ID: H4-108771-10000

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)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
386809.23	386810.88	773620.11

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 215 / 2428

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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-108923 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1501 Pennsylvania Ave. NW		Amount of Each Disbursement this Period 47.13
City Washington State DC Zip Code 20005	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. American Express</b>		<b>Transaction ID:</b> SB21B-108832 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address P.O. Box 0001		Amount of Each Disbursement this Period 4.50
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>C. Bank of America</b>		<b>Transaction ID:</b> SB21B-108831 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1501 Pennsylvania Ave. NW		Amount of Each Disbursement this Period 8784.71
City Washington State DC Zip Code 20005	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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8836.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. AP Wide World Photos</b>		<b>Transaction ID:</b> SB21B-108075 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 50 Rockefeller Plaza		Amount of Each Disbursement this Period 500.00
City New York State NY Zip Code 10020	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) ▼

Full Name (Last, First, Middle Initial) <b>B. A T &amp; T</b>		<b>Transaction ID:</b> SB21B-108076 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address P.O. Box 2840		Amount of Each Disbursement this Period 144.68
City Omaha State NE Zip Code 68103-2840	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. Bulletproof</b>		<b>Transaction ID:</b> SB21B-108077 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1840 41st Ave, #102-333		Amount of Each Disbursement this Period 40.00
City Capitola State CA Zip Code 95010	Purpose of Disbursement Copy Writer Candidate Name 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) ..... ▶	684.68
<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Colonial Parking, Inc.</b>		<b>Transaction ID:</b> SB21B-108082 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1050 Thomas Jefferson St., NW #100		Amount of Each Disbursement this Period 630.00
City Washington State DC Zip Code 20007	Purpose of Disbursement Parking Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input 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. EEI Communications 66 Canal Center Plaza</b>		<b>Transaction ID:</b> SB21B-108085 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address Suite 200		Amount of Each Disbursement this Period 745.00
City Alexandria State VA Zip Code 22314-5507	Purpose of Disbursement Employee Training/ Planning Candidate Name	
Office Sought: <input type="checkbox"/> House <input 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. Gordon and Schwenkmeyer, Inc.</b>		<b>Transaction ID:</b> SB21B-108090 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 300 N. Sepulveda Blvd. Suite 2050		Amount of Each Disbursement this Period 37362.20
City El Segundo State CA Zip Code 90245	Purpose of Disbursement Phone Banks Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	38737.20
<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Gordon and Schwenkmeyer, Inc.</b>		<b>Transaction ID:</b> SB21B-108091 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 01 / 2007
Mailing Address 300 N. Sepulveda Blvd. Suite 2050		Amount of Each Disbursement this Period 3088.78
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 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. Interstate Express</b>		<b>Transaction ID:</b> SB21B-108099 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 01 / 2007
Mailing Address PO Box 30091		Amount of Each Disbursement this Period 39.60
City Bethesda State MD Zip Code 20824		
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. Interstate Express</b>		<b>Transaction ID:</b> SB21B-108100 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 01 / 2007
Mailing Address PO Box 30091		Amount of Each Disbursement this Period 19.80
City Bethesda State MD Zip Code 20824		
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) ..... ▶	3148.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Merkle Response Services Inc</b>		<b>Transaction ID:</b> SB21B-108105 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 13331 Pennsylvania Ave		Amount of Each Disbursement this Period 1289.67
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. Merkle Response Services Inc</b>		<b>Transaction ID:</b> SB21B-108106 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 13331 Pennsylvania Ave		Amount of Each Disbursement this Period 548.00
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>C. Ramona Oliver</b>		<b>Transaction ID:</b> SB21B-108107 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 10012 Dallas Avenue		Amount of Each Disbursement this Period 59.25
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) ..... ▶	1896.92
<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ramona Oliver</b>		<b>Transaction ID: SB21B-108108</b> Date of Disbursement MM / DD / YYYY 03 / 01 / 2007
Mailing Address 10012 Dallas Avenue		Amount of Each Disbursement this Period 127.00
City Silver Spring State MD Zip Code 20901	Category/ Type	
Purpose of Disbursement Travel/ Accommodations		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Precision Communications Inc.</b>		<b>Transaction ID: SB21B-108109</b> Date of Disbursement MM / DD / YYYY 03 / 01 / 2007
Mailing Address 8601 Georgia Ave., Suite 806		Amount of Each Disbursement this Period 32461.30
City Silver Spring State MD Zip Code 20910	Category/ Type	
Purpose of Disbursement Polling/Surveys		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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: SB21B-108110</b> Date of Disbursement MM / DD / YYYY 03 / 01 / 2007
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 18.20
City Vienna State VA Zip Code 22182	Category/ Type	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>32606.50</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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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-108111 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 3350.00
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-108112 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 39.52
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:		

Full Name (Last, First, Middle Initial) <b>C. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108113 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 1260.23
City Vienna State VA Zip Code 22182		
Purpose of Disbursement Direct Mail Expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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) ..... ▶	4649.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108114 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 105.21
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-108115 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 910.61
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>C. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108116 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 6422.76
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7438.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108117 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 1056.21
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-108118 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 103.80
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-108119 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 4.62
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) ..... ▶	1164.63
<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108120 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 39.96
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-108121 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 990.77
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-108122 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 162.93
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1193.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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-108123 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 35.83
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-108124 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 303.70
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-108125 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 1807.00
City Vienna State VA Zip Code 22182		
Purpose of Disbursement Direct Mail Expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2146.53
<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108126 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 850.00
City Vienna State VA Zip Code 22182		
Purpose of Disbursement Printing	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108127 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period -96.19
City Vienna State VA Zip Code 22182		
Purpose of Disbursement Postage	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108128 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 1103.81
City Vienna State VA Zip Code 22182		
Purpose of Disbursement Printing	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1857.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108129	
Mailing Address 1953 Gallows Road Suite 600		Date of Disbursement 03 / 01 / 2007	
City Vienna	State VA	Zip Code 22182	Amount of Each Disbursement this Period 18.30
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:			

Full Name (Last, First, Middle Initial) <b>B. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108130	
Mailing Address 1953 Gallows Road Suite 600		Date of Disbursement 03 / 01 / 2007	
City Vienna	State VA	Zip Code 22182	Amount of Each Disbursement this Period 29053.28
Purpose of Disbursement Direct Mail 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:			

Full Name (Last, First, Middle Initial) <b>C. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108131	
Mailing Address 1953 Gallows Road Suite 600		Date of Disbursement 03 / 01 / 2007	
City Vienna	State VA	Zip Code 22182	Amount of Each Disbursement this Period 500.00
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>29571.58</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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108132 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 54.30
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>B. Red Top Cab</b>		<b>Transaction ID:</b> SB21B-108137 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address P.O. Box 100519		Amount of Each Disbursement this Period 87.90
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>C. Starfish Design Carolyn M. Coon</b>		<b>Transaction ID:</b> SB21B-108138 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 106 Kidwell Avenue		Amount of Each Disbursement this Period 100.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	242.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Starfish Design Carolyn M. Coon</b>		<b>Transaction ID:</b> SB21B-108139 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 106 Kidwell Avenue		Amount of Each Disbursement this Period 174.90
City State Zip Code Centreville MD 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>B. Starfish Design Carolyn M. Coon</b>		<b>Transaction ID:</b> SB21B-108140 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 106 Kidwell Avenue		Amount of Each Disbursement this Period 7.78
City State Zip Code Centreville MD 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. Starfish Design Carolyn M. Coon</b>		<b>Transaction ID:</b> SB21B-108141 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 106 Kidwell Avenue		Amount of Each Disbursement this Period 67.32
City State Zip Code Centreville MD 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

<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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: SB21B-108142</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 106 Kidwell Avenue		Amount of Each Disbursement this Period 279.10
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. Starfish Design Carolyn M. Coon</b>		<b>Transaction ID: SB21B-108143</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 106 Kidwell Avenue		Amount of Each Disbursement this Period 45.90
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>C. Telefund, Inc. Attn:Jessie McDaniel</b>		<b>Transaction ID: SB21B-108144</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address P.O. Box 2366		Amount of Each Disbursement this Period 6741.00
City State Zip Code Denver CO 80201-2366	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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7066.00</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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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-108146 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address PO Box 3603		Amount of Each Disbursement this Period 391.63
City Omaha State NE Zip Code 68103-0603	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. United Parcel Service</b>		<b>Transaction ID:</b> SB21B-108149 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address P. O. Box 7247-0244		Amount of Each Disbursement this Period 38.23
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>C. United Parcel Service</b>		<b>Transaction ID:</b> SB21B-108153 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address P. O. Box 7247-0244		Amount of Each Disbursement this Period 68.20
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	498.06
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. United Parcel Service</b>		<b>Transaction ID:</b> SB21B-108156 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address P. O. Box 7247-0244		Amount of Each Disbursement this Period 34.93
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. Working Assets</b>		<b>Transaction ID:</b> SB21B-108161 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7	
Mailing Address P.O. Box 2041		Amount of Each Disbursement this Period 115.21	
City Mechanicsburg State PA Zip Code 17055			
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. Adelstein Liston</b>		<b>Transaction ID:</b> SB21B-108164 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7	
Mailing Address 222 West Ontario Street Suite 503		Amount of Each Disbursement this Period 15000.00	
City Chicago State IL Zip Code 60610			
Purpose of Disbursement Video Production 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) ..... ▶	15150.14
<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)

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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

<b>A. Janice Bennett</b> Full Name (Last, First, Middle Initial) Mailing Address 459 Massachusetts Ave, NW City Washington State DC Zip Code 20010 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-108168</b> Date of Disbursement 03 / 02 / 2007 Amount of Each Disbursement this Period 68.75 Category/Type
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<b>B. Shirley Martin</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-108169</b> Date of Disbursement 03 / 02 / 2007 Amount of Each Disbursement this Period 68.75 Category/Type
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<b>C. 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-108170</b> Date of Disbursement 03 / 02 / 2007 Amount of Each Disbursement this Period 68.75 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	206.25
<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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108171 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 686.37
City Vienna State VA Zip Code 22182		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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. Jennifer Williams</b>		<b>Transaction ID:</b> SB21B-109015 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 1520 12th Street B		Amount of Each Disbursement this Period 300.00
City Washington State DC Zip Code 20005		
Purpose of Disbursement Travel/ Accommodations Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB21B-108833 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7
Mailing Address P.O. Box 0001		Amount of Each Disbursement this Period 1629.26
City Chicago State IL Zip Code 60679		
Purpose of Disbursement Credit Card Service Charges Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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) ..... ▶	2615.63
<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Edna Romero</b> Full Name (Last, First, Middle Initial) Mailing Address 7111 Halleck Street City District Heights State MD Zip Code 20747 Purpose of Disbursement Travel/ Accommodations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B-108174</b> Date of Disbursement 03 / 05 / 2007 Amount of Each Disbursement this Period 252.00 Category/ Type
--	--	--

<b>B. Edna Romero</b> Full Name (Last, First, Middle Initial) Mailing Address 7111 Halleck Street City District Heights State MD Zip Code 20747 Purpose of Disbursement Travel/ Accommodations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B-108175</b> Date of Disbursement 03 / 05 / 2007 Amount of Each Disbursement this Period 14.08 Category/ Type
--	--	---

<b>C. American Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 360001 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) ▼		<b>Transaction ID: SB21B-108216</b> Date of Disbursement 03 / 08 / 2007 Amount of Each Disbursement this Period 2.95 See Attached Memo Entry Category/ Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	269.03
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-108217 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address P.O. Box 1270		Amount of Each Disbursement this Period 575.00
City Newark State NJ Zip Code 07101-1270	See Attached Memo Entry	
Purpose of Disbursement Travel/ Accommodations Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> SB21B-108218 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 148.99
City Ft Lauderdale State FL Zip Code 33336-0001	See Attached Memo Entry	
Purpose of Disbursement Telephone Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB21B-108220 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address Suite 0001		Amount of Each Disbursement this Period 58.96
City Chicago State IL Zip Code 60679-0001	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) ..... ▶	782.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-108222 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address Suite 0001		Amount of Each Disbursement this Period 106.82
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>B. American Express</b>		<b>Transaction ID:</b> SB21B-108224 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 4.18
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) ▼

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB21B-108225 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 9.81
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) ..... ▶	120.81
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Bulletproof</b>		<b>Transaction ID:</b> SB21B-108229 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 1840 41st Ave, #102-333		Amount of Each Disbursement this Period 40.00
City Capitola State CA Zip Code 95010		
Purpose of Disbursement Copy Writer Candidate Name	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. MSHC Partners, Inc.</b>		<b>Transaction ID:</b> SB21B-108233 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 1155 15th Street NW, Suite 300		Amount of Each Disbursement this Period 8000.00
City Washington State DC Zip Code 20005		
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>C. Eidolon Communications</b>		<b>Transaction ID:</b> SB21B-108234 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 15 Maiden Lane Suite 1401		Amount of Each Disbursement this Period 4500.00
City New York State NY Zip Code 10038		
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12540.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Getactive Software, Inc. Attn: Billing Dept</b>		<b>Transaction ID:</b> SB21B-108235
Mailing Address 2855 Telegraph Ave, Ste 200		Date of Disbursement MM / DD / YYYY 03 / 08 / 2007
City Berkeley	State CA	Amount of Each Disbursement this Period 3000.00
Zip Code 94705		
Purpose of Disbursement Internet Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Faith B. Kerr</b>		<b>Transaction ID:</b> SB21B-108239
Mailing Address 44 Summit Street		Date of Disbursement MM / DD / YYYY 03 / 08 / 2007
City Ivoryton	State CT	Amount of Each Disbursement this Period 14.00
Zip Code 06442		
Purpose of Disbursement Copy Writer		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Faith B. Kerr</b>		<b>Transaction ID:</b> SB21B-108240
Mailing Address 44 Summit Street		Date of Disbursement MM / DD / YYYY 03 / 08 / 2007
City Ivoryton	State CT	Amount of Each Disbursement this Period 7.00
Zip Code 06442		
Purpose of Disbursement Copy Writer		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3021.00</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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Faith B. Kerr</b>		<b>Transaction ID:</b> SB21B-108241 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 44 Summit Street		Amount of Each Disbursement this Period 7.00
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. LK Photos</b>		<b>Transaction ID:</b> SB21B-108243 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address Leslie E. Kossoff 5225 Pooks Hill Road		Amount of Each Disbursement this Period 40.00
City Bethesda State MD Zip Code 20814		
Purpose of Disbursement Deliveries Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. LK Photos</b>		<b>Transaction ID:</b> SB21B-108244 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address Leslie E. Kossoff 5225 Pooks Hill Road		Amount of Each Disbursement this Period 33.00
City Bethesda State MD Zip Code 20814		
Purpose of Disbursement Local Transportation 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) ..... ▶	80.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. LK Photos</b>		<b>Transaction ID:</b> SB21B-108245 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7	
Mailing Address Leslie E. Kossoff 5225 Pooks Hill Road		<b>Amount of Each Disbursement this Period</b> 945.00	
City Bethesda	State MD		Zip Code 20814
Purpose of Disbursement Photography			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-108256 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7	
Mailing Address 1953 Gallows Road Suite 600		<b>Amount of Each Disbursement this Period</b> 2133.81	
City Vienna	State VA		Zip Code 22182
Purpose of Disbursement Postage			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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. Public Interest Communications</b>		<b>Transaction ID:</b> SB21B-108257 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7	
Mailing Address 7700 Leesburg Pike Suite 301 North		<b>Amount of Each Disbursement this Period</b> 545.50	
City Falls Church	State VA		Zip Code 22043
Purpose of Disbursement Phone Banks			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3624.31</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)

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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. Red Top Cab</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 100519</p> <p>City Arlington State VA Zip Code 22210</p> <p>Purpose of Disbursement Local Transportation</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-108258</p> <p><b>Date of Disbursement</b></p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <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="102.87"/></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. Tiffany Reed</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2450 Ontario Rd, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Local Transportation</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-108259</p> <p><b>Date of Disbursement</b></p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <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="120.76"/></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. Sheads &amp; Associates, Ltd.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Prince William Square 303 Post Office Rd. Bldg A</p> <p>City Waldorf State MD Zip Code 20602</p> <p>Purpose of Disbursement Contribution Processing</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-108260</p> <p><b>Date of Disbursement</b></p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <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="44.80"/></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="268.43"/></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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Triplex Direct Marketing</b>		<b>Transaction ID:</b> SB21B-108262 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address PO Box 3603		Amount of Each Disbursement this Period 297.94
City Omaha State NE Zip Code 68103-0603	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. Staples</b>		<b>Transaction ID:</b> SB21B-108265 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address Dept DC 85105 PO Box 30851		Amount of Each Disbursement this Period 157.12
City Hartford State CT Zip Code 06150-0851	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. Staples</b>		<b>Transaction ID:</b> SB21B-108266 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address Dept DC 85105 PO Box 30851		Amount of Each Disbursement this Period 99.01
City Hartford State CT Zip Code 06150-0851	Purpose of Disbursement Office Supplies Expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	554.07
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. GSI - Gordon &amp; Schwenkmeyer</b> Full Name (Last, First, Middle Initial) Mailing Address 300 N Sepulveda Blvd #2050 City El Segundo State CA Zip Code 90245 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-108922</b> Date of Disbursement 03 / 09 / 2007 Amount of Each Disbursement this Period 550.33 Category/Type
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<b>B. American Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 360001 City Ft Lauderdale State FL Zip Code 33336-0001 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B-108293</b> Date of Disbursement 03 / 12 / 2007 Amount of Each Disbursement this Period 29.33 See Attached Memo Entry
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<b>C. American Express</b> Full Name (Last, First, Middle Initial) Mailing Address Suite 0001 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) ▼		<b>Transaction ID: SB21B-108294</b> Date of Disbursement 03 / 12 / 2007 Amount of Each Disbursement this Period 81.08 See Attached Memo Entry
--	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	660.74
<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-108300 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address Suite 0001		Amount of Each Disbursement this Period 370.00
City Chicago State IL Zip Code 60679-0001	See Attached Memo Entry	
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. American Express</b>		<b>Transaction ID:</b> SB21B-108309 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 13.11
City Ft Lauderdale State FL Zip Code 33336-0001	See Attached Memo Entry	
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. American Express</b>		<b>Transaction ID:</b> SB21B-108310 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address Suite 0001		Amount of Each Disbursement this Period 247.98
City Chicago State IL Zip Code 60679-0001	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) ..... ▶	631.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-108311 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address Suite 0001		Amount of Each Disbursement this Period 25.00
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>B. American Express</b>		<b>Transaction ID:</b> SB21B-108313 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 1410.08
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-108331 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 42.29
City Ft Lauderdale State FL Zip Code 33336-0001	See Attached Memo Entry	
Purpose of Disbursement Computer Services Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1477.37
<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-108332 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 299.00
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-108333 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 19.95
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-108334 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 400.60
City Ft Lauderdale State FL Zip Code 33336-0001	Category/ Type	
Purpose of Disbursement Printing		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) ..... ▶	719.55
<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-108335 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 248.48
City Ft Lauderdale State FL Zip Code 33336-0001	See Attached Memo Entry	
Purpose of Disbursement Telephone Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> SB21B-108336 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 2024.64
City Ft Lauderdale State FL Zip Code 33336-0001	See Attached Memo Entry	
Purpose of Disbursement Travel/ Accommodations Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB21B-108337 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 95.08
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) ..... ▶	2368.20
<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-108351 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 8282.72
City Ft Lauderdale State FL Zip Code 33336-0001	Category/ Type	
Purpose of Disbursement Meeting/Conference Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	See Attached Memo Entry
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-108353 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address P.O. Box 1270		Amount of Each Disbursement this Period 7.95
City Newark State NJ Zip Code 07101-1270	Category/ Type	
Purpose of Disbursement Internet Services Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	See Attached Memo Entry
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-108354 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address P.O. Box 1270		Amount of Each Disbursement this Period 14.99
City Newark State NJ Zip Code 07101-1270	Category/ Type	
Purpose of Disbursement Publication & Dues Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	See Attached Memo Entry
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8305.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-108355 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address P.O. Box 1270		Amount of Each Disbursement this Period 187.34
City Newark State NJ Zip Code 07101-1270	See Attached Memo Entry	
Purpose of Disbursement Travel/ Accommodations Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> SB21B-108356 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 314.60
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. American Express</b>		<b>Transaction ID:</b> SB21B-108357 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 1092.00
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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1593.94
<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-108358 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 60.26
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-108359 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address Suite 0001		Amount of Each Disbursement this Period 10070.65
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-108361 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 327.29
City Ft Lauderdale State FL Zip Code 33336-0001	See Attached Memo Entry	
Purpose of Disbursement Office Supplies Copying 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) ..... ▶	10458.20
<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-108362 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 282.31
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-108363 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 562.50
City Ft Lauderdale State FL Zip Code 33336-0001	See Attached Memo Entry	
Purpose of Disbursement Travel/ Accommodations		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-108364 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 195.00
City Ft Lauderdale State FL Zip Code 33336-0001	See Attached Memo Entry	
Purpose of Disbursement Postage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1039.81
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-108388 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 803.69
City Ft Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement Travel/ Accommodations Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	See Attached Memo Entry

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> SB21B-108395 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 62.93
City Ft Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement Travel/Accommodation /Meals Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	See Attached Memo Entry

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB21B-108396 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period -28.94
City Ft Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement Office Supplies Credit Candidate Name	
Office Sought: <input type="checkbox"/> House <input 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) ..... ▶	837.68
<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-108397 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 2795.00
City Ft Lauderdale	State FL Zip Code 33336-0001	
Purpose of Disbursement Publication & Dues		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>		<b>Transaction ID:</b> SB21B-108398 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 2295.02
City Ft Lauderdale	State FL Zip Code 33336-0001	
Purpose of Disbursement Travel/Acom/Meals/ Phone/Internet		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>		<b>Transaction ID:</b> SB21B-108400 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 52.37
City Ft Lauderdale	State FL Zip Code 33336-0001	
Purpose of Disbursement Travel/Accommodation /Meals		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) ..... ▶	5142.39
<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-108411 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 403.38
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. Paychex</b>		<b>Transaction ID:</b> SB21B-108837 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 3060 Williams Drive #300		Amount of Each Disbursement this Period 543.42
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) ▼

Full Name (Last, First, Middle Initial) <b>C. Adelstein Liston</b>		<b>Transaction ID:</b> SB21B-108419 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 222 West Ontario Street Suite 503		Amount of Each Disbursement this Period 15000.00
City Chicago State IL Zip Code 60610	See Attached Memo Entry	
Purpose of Disbursement Video Production 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>15946.80</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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. AP Wide World Photos</b>		<b>Transaction ID:</b> SB21B-108420 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 50 Rockefeller Plaza		Amount of Each Disbursement this Period 400.00
City New York State NY Zip Code 10020	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>B. BHK Arts Consultants, Inc.</b>		<b>Transaction ID:</b> SB21B-108426 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address PO Box 50		Amount of Each Disbursement this Period 3758.37
City Reedville State VA Zip Code 22539	Purpose of Disbursement Consulting Fundraising Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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. Condor Communications</b>		<b>Transaction ID:</b> SB21B-108430 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 5520 Connecticut Ave, NW		Amount of Each Disbursement this Period 1137.41
City Washington State DC Zip Code 20015	Purpose of Disbursement Equipment 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) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5295.78
<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)

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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. 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-108445</p> <p><b>Date of Disbursement:</b> 03 / 15 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: right;">11.55</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. 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-108446</p> <p><b>Date of Disbursement:</b> 03 / 15 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: right;">19.80</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. Cathy Kades</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5832 Mossrock Drive</p> <p>City Rockville State MD Zip Code 20852</p> <p>Purpose of Disbursement Consulting Administration</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-108447</p> <p><b>Date of Disbursement:</b> 03 / 15 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: right;">295.00</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>See Attached Memo Entry</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>326.35</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)

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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

<b>A. Katrina Kugel</b> Full Name (Last, First, Middle Initial) Mailing Address 2813 Covington Rd City Silver Spring State MD Zip Code 20910 Purpose of Disbursement Consulting Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input 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-108449</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 10000.00 Category/Type
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<b>B. Pacific East</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 439 City Sumas State WA Zip Code 98295-0439 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) ▼		<b>Transaction ID: SB21B-108456</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 555.13 Category/Type
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<b>C. Preeminent Protective Services</b> Full Name (Last, First, Middle Initial) Mailing Address 1050 17th Street, NW Suite 600 City Washington State DC Zip Code 20036 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-108460</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 580.00 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11135.13
<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108463 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 1198.51
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 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-108464 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 227.06
City Vienna State VA Zip Code 22182		
Purpose of Disbursement Deliveries Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108465 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 3088.00
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) ..... ▶	4513.57
<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)

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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

<b>A. Projection Presentation Tech</b> Full Name (Last, First, Middle Initial) Mailing Address Washington Convention Center 801 Mt Vernon Pl City Washington State DC Zip Code 20001 Purpose of Disbursement Equipment 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>Transaction ID:</b> SB21B-108466 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 <b>Amount of Each Disbursement this Period:</b> 39271.68 Category/Type
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<b>B. Rackspace Managed Hosting</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 671337 City Dallas State TX Zip Code 75267-1337 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-108467 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 <b>Amount of Each Disbursement this Period:</b> 1350.00 Category/Type
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<b>C. Squier Knapp &amp; Dunn Communications Inc</b> Full Name (Last, First, Middle Initial) Mailing Address 1818 N St, NW Suite 450 City Washington State DC Zip Code 20036 Purpose of Disbursement Video Production Candidate Name Office Sought: <input type="checkbox"/> House <input 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-108468 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 <b>Amount of Each Disbursement this Period:</b> 9000.00 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	49621.68
<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. Staples</b>		<b>Transaction ID:</b> SB21B-108470 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 15 / 2007
Mailing Address Dept DC 85105 PO Box 30851		Amount of Each Disbursement this Period 59.55
City Hartford State CT Zip Code 06150-0851	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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		<b>Transaction ID:</b> SB21B-108471 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 15 / 2007
Mailing Address Dept DC 85105 PO Box 30851		Amount of Each Disbursement this Period 136.21
City Hartford State CT Zip Code 06150-0851	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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		<b>Transaction ID:</b> SB21B-108472 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 15 / 2007
Mailing Address Dept DC 85105 PO Box 30851		Amount of Each Disbursement this Period 57.09
City Hartford State CT Zip Code 06150-0851	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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	252.85
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. United Parcel Service</b>		<b>Transaction ID:</b> SB21B-108477 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address P. O. Box 7247-0244		Amount of Each Disbursement this Period 28.13
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. Bank of America</b>		<b>Transaction ID:</b> SB21B-109014 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 1501 Pennsylvania Ave. NW		Amount of Each Disbursement this Period 1799.16
City Washington State DC Zip Code 20005		
Purpose of Disbursement Bank Charges Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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-108836 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address 3060 Williams Drive #300		Amount of Each Disbursement this Period 53.00
City Fairfax State VA Zip Code 22031		
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) ..... ▶	1880.29
<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. A T &amp; T</b>		<b>Transaction ID:</b> SB21B-108615 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address P.O. Box 2840		Amount of Each Disbursement this Period 334.43
City Omaha State NE Zip Code 68103-2840		
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>B. Beaconfire Consulting Inc.</b>		<b>Transaction ID:</b> SB21B-108616 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7	
Mailing Address 2300 Clarendon Blvd Suite 1100		Amount of Each Disbursement this Period 1298.75	
City Arlington State VA Zip Code 22201			
Purpose of Disbursement Internet Services Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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. Jack I. Bender &amp; Sons</b>		<b>Transaction ID:</b> SB21B-108618 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7	
Mailing Address 1120 Connecticut Ave, NW Suite 1200		Amount of Each Disbursement this Period 4200.00	
City Washington State DC Zip Code 20036			
Purpose of Disbursement Rent 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) ..... ▶	5833.18
<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		<b>Transaction ID:</b> SB21B-108619 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address PO Box 17356		Amount of Each Disbursement this Period 191.60
City Baltimore State MD Zip Code 21297-1356		
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>B. Britt Cocanour</b>		<b>Transaction ID:</b> SB21B-108620 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 6606 Allegheny Ave		Amount of Each Disbursement this Period 92.00
City Takoma Park State MD Zip Code 20912		
Purpose of Disbursement Travel/ Accommodations Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Direct Advantage Marketing</b>		<b>Transaction ID:</b> SB21B-108623 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address PO Box 55043		Amount of Each Disbursement this Period 3429.75
City Boston State MA Zip Code 02205		
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3713.35
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kellie Dupree</b>		<b>Transaction ID:</b> SB21B-108624 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 1644 Florida Ave. N.W.		Amount of Each Disbursement this Period 35.00
City Washington State DC Zip Code 20009	Category/ Type	
Purpose of Disbursement Travel/ Accommodations		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Gordon and Schwenkmeyer, Inc.</b>		<b>Transaction ID:</b> SB21B-108629 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 300 N. Sepulveda Blvd. Suite 2050		Amount of Each Disbursement this Period 19932.02
City El Segundo State CA Zip Code 90245	Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Gordon and Schwenkmeyer, Inc.</b>		<b>Transaction ID:</b> SB21B-108630 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 300 N. Sepulveda Blvd. Suite 2050		Amount of Each Disbursement this Period 6087.12
City El Segundo State CA Zip Code 90245	Category/ Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	26054.14
<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)

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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

<b>A. Elizabeth Hagen</b> Full Name (Last, First, Middle Initial) Mailing Address 4212 River Rd NW City Washington State DC Zip Code 20016 Purpose of Disbursement Consulting Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input 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-108631</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 972.00 Category/Type
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<b>B. Faith B. Kerr</b> Full Name (Last, First, Middle Initial) Mailing Address 44 Summit Street 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) ▼		<b>Transaction ID: SB21B-108634</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 21.00 Category/Type
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<b>C. Faith B. Kerr</b> Full Name (Last, First, Middle Initial) Mailing Address 44 Summit Street 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) ▼		<b>Transaction ID: SB21B-108635</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 21.00 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1014.00
<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)

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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.</b> Full Name (Last, First, Middle Initial) Faith B. Kerr</p>		<p><b>Transaction ID:</b> SB21B-108636 <b>Date of Disbursement</b></p>	
<p>Mailing Address 44 Summit Street</p>		<p><input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2007"/></p>	
<p>City Ivoryton</p>	<p>State CT</p>	<p>Zip Code 06442</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Copy Writer</p>		<p><input type="text"/></p> <p>Category/ Type</p>	<p><input type="text" value="21.00"/></p>
<p>Candidate Name</p>			
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input 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) Faith B. Kerr</p>		<p><b>Transaction ID:</b> SB21B-108637 <b>Date of Disbursement</b></p>	
<p>Mailing Address 44 Summit Street</p>		<p><input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2007"/></p>	
<p>City Ivoryton</p>	<p>State CT</p>	<p>Zip Code 06442</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Copy Writer</p>		<p><input type="text"/></p> <p>Category/ Type</p>	<p><input type="text" value="21.00"/></p>
<p>Candidate Name</p>			
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input 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) Katrina Kugel</p>		<p><b>Transaction ID:</b> SB21B-108638 <b>Date of Disbursement</b></p>	
<p>Mailing Address 2813 Covington Rd</p>		<p><input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2007"/></p>	
<p>City Silver Spring</p>	<p>State MD</p>	<p>Zip Code 20910</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Travel/ Accommodations</p>		<p><input type="text"/></p> <p>Category/ Type</p>	<p><input type="text" value="53.36"/></p>
<p>Candidate Name</p>			
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

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

**95.36**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Katrina Kugel</b>		<b>Transaction ID:</b> SB21B-108639 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 2813 Covington Rd		Amount of Each Disbursement this Period 121.00
City Silver Spring State MD Zip Code 20910	Purpose of Disbursement Travel/ Accommodations	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Merkle Response Services Inc</b>		<b>Transaction ID:</b> SB21B-108640 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 13331 Pennsylvania Ave		Amount of Each Disbursement this Period 713.94
City Hagerstown State MD Zip Code 21742	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. Merkle Response Services Inc</b>		<b>Transaction ID:</b> SB21B-108641 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 13331 Pennsylvania Ave		Amount of Each Disbursement this Period 134.15
City Hagerstown State MD Zip Code 21742	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) ..... ▶	969.09
<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108642 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 545.45
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-108643 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 22160.64
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-108644 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 23289.45
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) ..... ▶	45995.54
<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108645 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 187.68
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-108646 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7	
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 1322.50	
City Vienna State VA Zip Code 22182			
Purpose of Disbursement Direct Mail Expense Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108647 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7	
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 850.00	
City Vienna State VA Zip Code 22182			
Purpose of Disbursement Printing Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2360.18
<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108648 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 22 / 2007
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period -41.62
City Vienna State VA Zip Code 22182		
Purpose of Disbursement Postage Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108649 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 22 / 2007
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 1200.00
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-108650 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 22 / 2007
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 576.24
City Vienna State VA Zip Code 22182		
Purpose of Disbursement Deliveries Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1734.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108651 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 850.00
City Vienna State VA Zip Code 22182		
Purpose of Disbursement Direct Mail Expense Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108652 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 7000.00
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. Red Top Cab</b>		<b>Transaction ID:</b> SB21B-108654 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address P.O. Box 100519		Amount of Each Disbursement this Period 42.07
City Arlington State VA Zip Code 22210		
Purpose of Disbursement Local Transportation 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) ..... ▶	7892.07
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Reuters America Inc.</b>		<b>Transaction ID:</b> SB21B-108655 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address PO Box 10418		Amount of Each Disbursement this Period 100.46
City Newark State NJ Zip Code 07193-0418	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>B. Edna Romero</b>		<b>Transaction ID:</b> SB21B-108656 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 7111 Halleck Street		Amount of Each Disbursement this Period 100.00
City District Heights State MD Zip Code 20747	Purpose of Disbursement Travel/ Accommodations Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Starfish Design Carolyn M. Coon</b>		<b>Transaction ID:</b> SB21B-108658 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 106 Kidwell Avenue		Amount of Each Disbursement this Period 250.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	450.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Triplex Direct Marketing</b>		<b>Transaction ID:</b> SB21B-108659 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 22 / 2007
Mailing Address PO Box 3603		Amount of Each Disbursement this Period 570.39
City Omaha State NE Zip Code 68103-0603	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. Triplex Direct Marketing</b>		<b>Transaction ID:</b> SB21B-108660 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 22 / 2007
Mailing Address PO Box 3603		Amount of Each Disbursement this Period 90.00
City Omaha State NE Zip Code 68103-0603	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. Type-A-Scan, Inc.</b>		<b>Transaction ID:</b> SB21B-108661 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 22 / 2007
Mailing Address 39 West 19th Street 7th Floor		Amount of Each Disbursement this Period 453.80
City New York State NY Zip Code 10011	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) ..... ▶	1114.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. U. S. Postal Service</b>		<b>Transaction ID:</b> SB21B-108663 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 1501 Connecticut Ave NW		Amount of Each Disbursement this Period 195.00
City Washington State DC Zip Code 20036	Category/ Type	
Purpose of Disbursement Postage		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108670 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 26500.61
City Vienna State VA Zip Code 22182	Category/ Type	
Purpose of Disbursement Postage		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Production Solutions, Inc.</b>		<b>Transaction ID:</b> SB21B-108671 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 801.50
City Vienna State VA Zip Code 22182	Category/ Type	
Purpose of Disbursement Postage		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	27497.11
<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B-108834 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 0001		Amount of Each Disbursement this Period 2340.37
City Chicago State IL Zip Code 60679	Category/ Type	
Purpose of Disbursement Credit Card Service Charges		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Paula Nichols</b>		<b>Transaction ID:</b> SB21B-108672 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 306 S Street NE		Amount of Each Disbursement this Period 64.00
City Washington State DC Zip Code 20002	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>C. Mary K Phillips</b>		<b>Transaction ID:</b> SB21B-108673 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 459 Massachusetts Ave NW		Amount of Each Disbursement this Period 78.00
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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2482.37
<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)

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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

<b>A. Naomi Smith</b> Full Name (Last, First, Middle Initial) Mailing Address 651 10th Street, NE City Washington State DC Zip Code 20002 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-108674</b> Date of Disbursement 03 / 26 / 2007 Amount of Each Disbursement this Period 78.00 Category/ Type
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<b>B. Rebecca Turner</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-108675</b> Date of Disbursement 03 / 26 / 2007 Amount of Each Disbursement this Period 78.00 Category/ Type
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<b>C. Colonial Parking, Inc.</b> Full Name (Last, First, Middle Initial) Mailing Address 1050 Thomas Jefferson St., NW #100 City Washington State DC Zip Code 20007 Purpose of Disbursement Parking Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21B-108755</b> Date of Disbursement 03 / 29 / 2007 Amount of Each Disbursement this Period 630.00 Category/ Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>786.00</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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Diverse Office Solutions</b>		Transaction ID: SB21B-108759 Date of Disbursement
Mailing Address 9228 Gaither Road		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
City Gaithersburg	State MD	Zip Code 20877
Purpose of Disbursement Office Supplies Expenses	<input type="text" value="200.39"/>	
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. Ramona Oliver</b>		Transaction ID: SB21B-108772 Date of Disbursement
Mailing Address 10012 Dallas Avenue		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
City Silver Spring	State MD	Zip Code 20901
Purpose of Disbursement Telephone	<input type="text" value="63.27"/>	
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:		

See Attached Memo Entry

Full Name (Last, First, Middle Initial) <b>C. Production Solutions, Inc.</b>		Transaction ID: SB21B-108773 Date of Disbursement
Mailing Address 1953 Gallows Road Suite 600		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
City Vienna	State VA	Zip Code 22182
Purpose of Disbursement Postage	<input type="text" value="44926.44"/>	
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="45190.10"/>
<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 279 / 2428

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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-108774 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 10191.66
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 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-108775 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 1953 Gallows Road Suite 600		Amount of Each Disbursement this Period 115964.44
City Vienna State VA Zip Code 22182		
Purpose of Disbursement Postage Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. United Parcel Service</b>		<b>Transaction ID:</b> SB21B-108783 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address P. O. Box 7247-0244		Amount of Each Disbursement this Period 113.58
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) ..... ▶	126269.68
<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 280 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Working Assets</b>		<b>Transaction ID:</b> SB21B-108786 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 29 / 2007
Mailing Address P.O. Box 2041		Amount of Each Disbursement this Period 98.24
City Mechanicsburg State PA Zip Code 17055	Purpose of Disbursement Telephone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Adelstein Liston</b>		<b>Transaction ID:</b> SB21B-108787 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 29 / 2007
Mailing Address 222 West Ontario Street Suite 503		Amount of Each Disbursement this Period 15000.00
City Chicago State IL Zip Code 60610	Purpose of Disbursement Video Production Candidate Name	
Office Sought: <input type="checkbox"/> House <input 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. Margot Friedman</b>		<b>Transaction ID:</b> SB21B-108788 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 29 / 2007
Mailing Address 1713 18th Street, NW Suite B		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20009	Purpose of Disbursement Consulting Fundraising Candidate Name	
Office Sought: <input type="checkbox"/> House <input 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) ..... ▶	18098.24
<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 / 2428

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) Judi Kanter		<b>Transaction ID:</b> SB21B-108789 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 267 Paseo Bernal Ave.		Amount of Each Disbursement this Period 676.35
City Moraga State CA Zip Code 94556	Purpose of Disbursement Travel/ Accommodations	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) GSI - Gordon & Schwenkmeyer		<b>Transaction ID:</b> SB21B-108921 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 300 N Sepulveda Blvd #2050		Amount of Each Disbursement this Period 50.90
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>C.</b> Full Name (Last, First, Middle Initial) Cingular Wireless		<b>Transaction ID:</b> SB21B-108107-10000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address Glenridge Highlands Two 5565 Glenridge Connector		Amount of Each Disbursement this Period 59.25
City Atlanta State GA Zip Code 30342	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>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	727.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. TBS CNN Pipeline</b> Full Name (Last, First, Middle Initial) Mailing Address 1 CNN Ctr NW City Atlanta State GA Zip Code 30303 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-108216-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7 Amount of Each Disbursement this Period 2.95 <b>[MEMO ITEM]</b>
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<b>B. Enterprise Rent a Car</b> Full Name (Last, First, Middle Initial) Mailing Address 1600 Airline Hwy City Kenner State LA Zip Code 70062 Purpose of Disbursement Travel/ Accommodations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-108217-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7 Amount of Each Disbursement this Period 575.00 <b>[MEMO ITEM]</b>
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<b>C. Toll Free Communicaiton</b> Full Name (Last, First, Middle Initial) Mailing Address 42255 Chase Dr City Canton State MI Zip Code 48188 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-108218-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7 Amount of Each Disbursement this Period 99.99 <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)

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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. Go To Meeting Service</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5385 Hollister Avenue</p> <p>City Santa Barbara State CA Zip Code 93111</p> <p>Purpose of Disbursement Telephone</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-108218-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="49.00"/></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. New York Times</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 229 West 43rd Street</p> <p>City New York State NY Zip Code 10036</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-108220-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="49.60"/></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>C. Wall Street Journal</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1155 Avenue Of The Americas</p> <p>City New York State NY Zip Code 10036</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-108220-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9.36"/></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)

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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

<b>A. Penang</b> Full Name (Last, First, Middle Initial) Mailing Address 1837 M St. NW City Washington State DC Zip Code 20036 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-108222-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7 Amount of Each Disbursement this Period 106.82 <b>[MEMO ITEM]</b>
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<b>B. Wall Street Journal</b> Full Name (Last, First, Middle Initial) Mailing Address 1155 Avenue Of The Americas 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) ▼		<b>Transaction ID:</b> SB21B-108224-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7 Amount of Each Disbursement this Period 4.18 <b>[MEMO ITEM]</b>
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<b>C. Roll Call</b> Full Name (Last, First, Middle Initial) Mailing Address 50 F St NW City Washington State DC Zip Code 20001 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-108225-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7 Amount of Each Disbursement this Period 9.81 <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)

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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

<b>A. Mackey's</b> Full Name (Last, First, Middle Initial) Mailing Address 1823 L Street 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-108293-10000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 29.33 <b>[MEMO ITEM]</b>
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<b>B. Nooshi</b> Full Name (Last, First, Middle Initial) Mailing Address 1120 19th St 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-108294-10000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 81.08 <b>[MEMO ITEM]</b>
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<b>C. DMA of Washington</b> Full Name (Last, First, Middle Initial) Mailing Address 1615 L St. NW City Washington State DC Zip Code 20036 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-108300-10000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 370.00 <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 286 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. New York Times</b> Full Name (Last, First, Middle Initial) Mailing Address 229 W 43rd St City Washington State DC 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) ▼		<b>Transaction ID:</b> SB21B-108309-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 13.11 <b>[MEMO ITEM]</b>
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<b>B. The Flower Market</b> Full Name (Last, First, Middle Initial) Mailing Address 5302 Eisenhower Ave City Alexandria State VA Zip Code 22304 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-108310-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 180.00 <b>[MEMO ITEM]</b>
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<b>C. 1-800-FLOWERS.com</b> Full Name (Last, First, Middle Initial) Mailing Address 576 Third Avenue City New York State NY Zip Code 10016 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-108310-20000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 67.98 <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 287 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Nooshi</b> Full Name (Last, First, Middle Initial) Mailing Address 1120 19th St NW City Washington State DC Zip Code 20036 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-108311-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b>
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<b>B. Hyatt Hotels</b> Full Name (Last, First, Middle Initial) Mailing Address 1000 Boulevard Of The Arts City Sarasota State FL Zip Code 34236 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-108313-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 37.03 <b>[MEMO ITEM]</b>
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<b>C. Hyatt Hotels</b> Full Name (Last, First, Middle Initial) Mailing Address 1000 Boulevard Of The Arts City Sarasota State FL Zip Code 34236 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-108313-20000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 241.50 <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)

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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

<b>A. Jolly Espresso Bar</b> Full Name (Last, First, Middle Initial) Mailing Address 1990 Main St City Sarasota State FL Zip Code 34236 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-108313-30000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 6.00 <b>[MEMO ITEM]</b>
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<b>B. Reagan Ntl Airport Parking</b> Full Name (Last, First, Middle Initial) Mailing Address 1 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-108313-40000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 34.00 <b>[MEMO ITEM]</b>
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<b>C. American Airlines</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 619612 City DFW Airport State TX Zip Code 75261 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-108313-50000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 218.80 <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 289 / 2428

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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-108313-60000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 35.00 <b>[MEMO ITEM]</b>
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<b>B. Daily Grill</b> Full Name (Last, First, Middle Initial) Mailing Address 1200 18th St NW City Washington State DC Zip Code 20036 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-108313-70000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 44.57 <b>[MEMO ITEM]</b>
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<b>C. National Democratic Club</b> Full Name (Last, First, Middle Initial) Mailing Address 30 Ivy St 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-108313-80000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 408.83 <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) ..... ▶	0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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-108313-90000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 35.00 <b>[MEMO ITEM]</b>
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<b>B. Warwick Melrose Hotel</b> Full Name (Last, First, Middle Initial) Mailing Address 3015 Oak Lawn Ave City Dallas State TX Zip Code 75219 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-108313-100000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 270.35 <b>[MEMO ITEM]</b>
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<b>C. Jet Taxi Inc</b> Full Name (Last, First, Middle Initial) Mailing Address 1100 Houston St City Fort Worth State TX Zip Code 76102 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-108313-110000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 45.00 <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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Reagan Natl Airport Parking</b>		<b>Transaction ID:</b> SB21B-108313-120000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 1 Aviation Circle		Amount of Each Disbursement this Period 34.00  <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20001		
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. Symantec Software</b>		<b>Transaction ID:</b> SB21B-108331-10000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 20330 Stevens Creek Blvd		Amount of Each Disbursement this Period 42.29  <b>[MEMO ITEM]</b>
City Cupertino State CA Zip Code 95014		
Purpose of Disbursement Computer Services Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Idealist.org</b>		<b>Transaction ID:</b> SB21B-108332-10000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 360 West 31st Street Suite 1510		Amount of Each Disbursement this Period 100.00  <b>[MEMO ITEM]</b>
City New York State NY Zip Code 10001		
Purpose of Disbursement Employee Recruitment 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) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Craigslist</b> Full Name (Last, First, Middle Initial) Mailing Address 915 Cole Street, #244 City San Francisco State CA Zip Code 94117-4315 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-108332-30000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b>
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<b>B. DMAW</b> Full Name (Last, First, Middle Initial) Mailing Address 209 Madison St Suite 300 City Alexandria State VA Zip Code 22314 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-108332-40000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 174.00 <b>[MEMO ITEM]</b>
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<b>C. Survey Monkey.com</b> Full Name (Last, First, Middle Initial) Mailing Address 815 NW 13TH AVE SUITE D City Portland State OR Zip Code 97209 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-108333-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 19.95 <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) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. In Focus Marketing</b> Full Name (Last, First, Middle Initial) Mailing Address 4245 SIGLER ROAD City Warrenton State VA Zip Code 20187 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) ▼		Transaction ID: SB21B-108334-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 400.60 [MEMO ITEM]
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<b>B. Cingular Wireless</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 17356 City Baltimore State MD Zip Code 21297-1356 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-108335-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 248.48 [MEMO ITEM]
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<b>C. American Airlines</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 619612 City DFW Airport State TX Zip Code 75261 Purpose of Disbursement Travel/ Accommodations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B-108336-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 282.80 [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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		<b>Transaction ID:</b> SB21B-108336-20000 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 12 / 2007
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 198.80  <b>[MEMO ITEM]</b>
City DFW Airport	State TX Zip Code 75261	
Purpose of Disbursement Travel/ Accommodations		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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. Orbitz</b>		<b>Transaction ID:</b> SB21B-108336-30000 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 12 / 2007
Mailing Address 200 S Wacker Drive		Amount of Each Disbursement this Period 122.49  <b>[MEMO ITEM]</b>
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Travel/ Accommodations		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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. Travelocity</b>		<b>Transaction ID:</b> SB21B-108336-40000 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 12 / 2007
Mailing Address 15100 Trinity Blvd		Amount of Each Disbursement this Period 6.00  <b>[MEMO ITEM]</b>
City Fort Worth	State TX Zip Code 76155	
Purpose of Disbursement Travel/ Accommodations		
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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		<b>Transaction ID:</b> SB21B-108336-50000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 398.10
City Phoenix State AZ Zip Code 85034	[MEMO ITEM]	
Purpose of Disbursement Travel/ Accommodations Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Continental Airlines</b>		<b>Transaction ID:</b> SB21B-108336-60000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 640.30
City Houston State TX Zip Code 77002	[MEMO ITEM]	
Purpose of Disbursement Travel/ Accommodations Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		<b>Transaction ID:</b> SB21B-108336-70000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 341.15
City Phoenix State AZ Zip Code 85034	[MEMO ITEM]	
Purpose of Disbursement Travel/ Accommodations Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<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/ 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) ▼		<b>Transaction ID:</b> SB21B-108336-80000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 35.00 <b>[MEMO ITEM]</b>
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<b>B. Google</b> Full Name (Last, First, Middle Initial) Mailing Address 2400 Bayshore Parkway City Mountain View State CA Zip Code 94043 Purpose of Disbursement Internet Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-108337-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 95.08 <b>[MEMO ITEM]</b>
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<b>C. Robins Wolfe Eventeurs</b> Full Name (Last, First, Middle Initial) Mailing Address 521 West Street City New York State NY Zip Code 10014 Purpose of Disbursement Meeting/Conference Candidate Name Office Sought: <input type="checkbox"/> House <input 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-108351-10000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 8282.72 <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 297 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Electronic Media Systems</b>		Transaction ID: SB21B-108353-10000 Date of Disbursement																				
Mailing Address 2300 NW 94th Ave		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	2		2	0	7														
City Miami	State FL	Zip Code 33172																				
Purpose of Disbursement Internet Services		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>7.95</td></tr></table>	7.95																			
7.95																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:	Category/Type																					

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Real.com</b>		Transaction ID: SB21B-108354-10000 Date of Disbursement																				
Mailing Address 2601 Elliott Avenue		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	2		2	0	7														
City Seattle	State WA	Zip Code 98121																				
Purpose of Disbursement Publication & Dues		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>14.99</td></tr></table>	14.99																			
14.99																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:	Category/Type																					

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Jet Blue</b>		Transaction ID: SB21B-108355-10000 Date of Disbursement																				
Mailing Address 776 North Terminal Drive		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	2		2	0	7														
City Salt Lake City	State UT	Zip Code 84101																				
Purpose of Disbursement Travel/ Accommodations		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>160.80</td></tr></table>	160.80																			
160.80																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:	Category/Type																					

[MEMO ITEM]

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

**0.00**

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

# SCHEDULE B (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 / 2428

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) HMS Host Boston Logan Airport</p>		<p><b>Transaction ID:</b> SB21B-108355-20000 <b>Date of Disbursement</b></p>
<p>Mailing Address 1 Harborside Drive</p>		<p><input type="text" value="0"/> <input type="text" value="3"/> / <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>City Boston State MA Zip Code 02108</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8.54"/></p>	
<p>Purpose of Disbursement Travel/ Accommodations</p>	<p>Category/ Type</p>	
<p>Candidate Name</p>	<p>[MEMO ITEM]</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input 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) Marroitt Hotels</p>		<p><b>Transaction ID:</b> SB21B-108355-30000 <b>Date of Disbursement</b></p>
<p>Mailing Address 7901 N. Tiffany Springs Parkw</p>		<p><input type="text" value="0"/> <input type="text" value="3"/> / <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>City Kansas City State MS Zip Code 64153</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="18.00"/></p>	
<p>Purpose of Disbursement Travel/ Accommodations</p>	<p>Category/ Type</p>	
<p>Candidate Name</p>	<p>[MEMO ITEM]</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input 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) Cafe Asia</p>		<p><b>Transaction ID:</b> SB21B-108356-10000 <b>Date of Disbursement</b></p>
<p>Mailing Address 1720 I St NW</p>		<p><input type="text" value="0"/> <input type="text" value="3"/> / <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>City Washington State DC Zip Code 20006</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="314.60"/></p>	
<p>Purpose of Disbursement Travel/Accommodation /Meals</p>	<p>Category/ Type</p>	
<p>Candidate Name</p>	<p>[MEMO ITEM]</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input 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 299 / 2428

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Postmaster</b> Full Name (Last, First, Middle Initial) Mailing Address 1400 L Street NW City Washington State DC Zip Code 20005 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B-108357-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 1092.00 [MEMO ITEM]
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<b>B. Panache</b> Full Name (Last, First, Middle Initial) Mailing Address 1725 DeSales St NW City Washington State DC Zip Code 20036 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B-108358-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 60.26 [MEMO ITEM]
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<b>C. Pampano</b> Full Name (Last, First, Middle Initial) Mailing Address 200 East 49th 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) ▼		Transaction ID: SB21B-108359-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 100.53 [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 300 / 2428

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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-108359-20000 Date of Disbursement 03 / 12 / 2007 Amount of Each Disbursement this Period 2078.80 [MEMO ITEM]
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<b>B. 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) ▼		Transaction ID: SB21B-108359-30000 Date of Disbursement 03 / 12 / 2007 Amount of Each Disbursement this Period 35.00 [MEMO ITEM]
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<b>C. Waldorf Astoria hilton</b> Full Name (Last, First, Middle Initial) Mailing Address 301 Park Avenue City New York State NY Zip Code 10022 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-108359-40000 Date of Disbursement 03 / 12 / 2007 Amount of Each Disbursement this Period 924.24 [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 301 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. BLS Limousine</b> Full Name (Last, First, Middle Initial) Mailing Address 1820 Steinway St City Astoria State NY Zip Code 11105 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-108359-50000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 1098.83 <b>[MEMO ITEM]</b>
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<b>B. BLS Limousine</b> Full Name (Last, First, Middle Initial) Mailing Address 1820 Steinway St City Astoria State NY Zip Code 11105 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-108359-55000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 140.10 <b>[MEMO ITEM]</b>
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<b>C. Marriott Washington</b> Full Name (Last, First, Middle Initial) Mailing Address 2660 Woodley Road, NW City Washington State DC Zip Code 20008 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-108359-70000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 78.88 <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 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Marriott Washington</b> Full Name (Last, First, Middle Initial) Mailing Address 2660 Woodley Road, NW City Washington State DC Zip Code 20008 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-108359-72500 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 95.92 <b>[MEMO ITEM]</b>
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<b>B. 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-108359-90000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 268.80 <b>[MEMO ITEM]</b>
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<b>C. 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-108359-100000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 35.00 <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 303 / 2428

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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 Charles Hotel</b>		<b>Transaction ID:</b> SB21B-108359-110000	
Mailing Address 1 Bennett St		Date of Disbursement MM / DD / YYYY 03 / 12 / 2007	
City Cambridge	State MA	Zip Code 02138	Amount of Each Disbursement this Period 460.38
Purpose of Disbursement Travel/Accommodation /Meals		Category/ Type	<b>[MEMO ITEM]</b>
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. Legal Sea Foods</b>		<b>Transaction ID:</b> SB21B-108359-120000	
Mailing Address 20 University Rd		Date of Disbursement MM / DD / YYYY 03 / 12 / 2007	
City Cambridge	State MA	Zip Code 02138	Amount of Each Disbursement this Period 78.46
Purpose of Disbursement Travel/Accommodation /Meals		Category/ Type	<b>[MEMO ITEM]</b>
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. BLS Limousine</b>		<b>Transaction ID:</b> SB21B-108359-125000	
Mailing Address 1820 Steinway St		Date of Disbursement MM / DD / YYYY 03 / 12 / 2007	
City Astoria	State NY	Zip Code 11105	Amount of Each Disbursement this Period 281.10
Purpose of Disbursement Travel/Accommodation /Meals		Category/ Type	<b>[MEMO ITEM]</b>
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>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)

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

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

NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Ozume</b> Full Name (Last, First, Middle Initial) Mailing Address 161 Steuart St City San Francisco State CA Zip Code 94105 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-108359-140000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 107.51 <b>[MEMO ITEM]</b>
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<b>B. Hotel Monaco</b> Full Name (Last, First, Middle Initial) Mailing Address 501 Geary Street City San Francisco State CA Zip Code 94102 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-108359-145000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 1051.49 <b>[MEMO ITEM]</b>
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<b>C. Hotel Monaco</b> Full Name (Last, First, Middle Initial) Mailing Address 501 Geary Street City San Francisco State CA Zip Code 94102 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-108359-152500 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 30.92 <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)

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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

<b>A. Hotel Monaco</b> Full Name (Last, First, Middle Initial) Mailing Address 501 Geary Street City San Francisco State CA Zip Code 94102 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: SB21B-108359-161250 Date of Disbursement 03 / 12 / 2007 Amount of Each Disbursement this Period 7.51 [MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

<b>B. Loews Hotels</b> Full Name (Last, First, Middle Initial) Mailing Address 1700 Ocean Avenue City Santa Monica State CA Zip Code 90401 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: SB21B-108359-180000 Date of Disbursement 03 / 12 / 2007 Amount of Each Disbursement this Period 30.16 [MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

<b>C. Loews Hotels</b> Full Name (Last, First, Middle Initial) Mailing Address 1700 Ocean Avenue City Santa Monica State CA Zip Code 90401 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: SB21B-108359-185000 Date of Disbursement 03 / 12 / 2007 Amount of Each Disbursement this Period 38.34 [MEMO ITEM]
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) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Loews Hotels</b> Full Name (Last, First, Middle Initial) Mailing Address 1700 Ocean Avenue City Santa Monica State CA Zip Code 90401 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-108359-192500 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 386.70 <b>[MEMO ITEM]</b>
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<b>B. Loews Hotels</b> Full Name (Last, First, Middle Initial) Mailing Address 1700 Ocean Avenue City Santa Monica State CA Zip Code 90401 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-108359-202500 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 437.21 <b>[MEMO ITEM]</b>
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<b>C. Stanford Park Hotel</b> Full Name (Last, First, Middle Initial) Mailing Address 100 El Camino Real City Menlo Park State CA Zip Code 94025 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-108359-230000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 107.54 <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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Stanford Park Hotel</b>		<b>Transaction ID:</b> SB21B-108359-235000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 100 El Camino Real		Amount of Each Disbursement this Period 303.43
City Menlo Park State CA Zip Code 94025	[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. US Airways</b>		<b>Transaction ID:</b> SB21B-108359-250000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 1858.80
City Phoenix State AZ Zip Code 85034	[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>C. Cassis Travel</b>		<b>Transaction ID:</b> SB21B-108359-260000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 535 5th Avenue		Amount of Each Disbursement this Period 35.00
City New York State NY Zip Code 10017	[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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. GSI</b>		Transaction ID: SB21B-108361-10000	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address 238 N Oakley Blvd		MM / DD / YYYY 03 / 12 / 2007	
City Chicago	State IL	Zip Code 60612	Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies Expenses		Category/ Type	53.25
Candidate Name			[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>B. Sir Speedy</b>		Transaction ID: SB21B-108361-20000	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address 1300 Connecticut Avenue NW		MM / DD / YYYY 03 / 12 / 2007	
City Washington	State DC	Zip Code 20001	Amount of Each Disbursement this Period
Purpose of Disbursement Copying/Faxing		Category/ Type	274.04
Candidate Name			[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>C. CTI Paper USA, Inc</b>		Transaction ID: SB21B-108362-10000	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address 3000 N. 112th Street		MM / DD / YYYY 03 / 12 / 2007	
City Wauwatosa	State WI	Zip Code 53222	Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies Expenses		Category/ Type	178.31
Candidate Name			[MEMO ITEM]
Office Sought: <input type="checkbox"/> 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)

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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

<b>A. GSI</b>		<b>Transaction ID:</b> SB21B-108362-20000																					
Full Name (Last, First, Middle Initial)		Date of Disbursement																					
Mailing Address 238 N Oakley Blvd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	2		2	0	7															
City Chicago	State IL	Zip Code 60612	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Supplies Expenses		Category/ Type	53.25																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<b>[MEMO ITEM]</b>																				
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

<b>B. Staples</b>		<b>Transaction ID:</b> SB21B-108362-30000																					
Full Name (Last, First, Middle Initial)		Date of Disbursement																					
Mailing Address 19th & L Street NW		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	2		2	0	7															
City Washington	State DC	Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Supplies Expenses		Category/ Type	50.75																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<b>[MEMO ITEM]</b>																				
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

<b>C. Nine Zero Hotel</b>		<b>Transaction ID:</b> SB21B-108363-10000																					
Full Name (Last, First, Middle Initial)		Date of Disbursement																					
Mailing Address 90 Tremont St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	2		2	0	7															
City Boston	State MA	Zip Code 01108	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel/ Accommodations		Category/ Type	562.50																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<b>[MEMO ITEM]</b>																				
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<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)

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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

<b>A. US Postmaster</b> Full Name (Last, First, Middle Initial) Mailing Address 1400 L Street NW City Washington State DC Zip Code 20005 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: SB21B-108364-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 195.00 [MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

<b>B. Adams Mark Hotels</b> Full Name (Last, First, Middle Initial) Mailing Address 1550 Court Pl City Denver State CO Zip Code 80202 Purpose of Disbursement Travel/ Accommodations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: SB21B-108388-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 803.69 [MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

<b>C. Hilton Washington</b> Full Name (Last, First, Middle Initial) Mailing Address 1919 Connecticut Ave, NW 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:		Transaction ID: SB21B-108395-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 43.63 [MEMO ITEM]
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) ..... ▶	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

<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-108395-20000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 19.30 [MEMO ITEM]
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<b>B. Amazon.com</b> Full Name (Last, First, Middle Initial) Mailing Address 1516 2nd Ave. City Seattle State WA Zip Code 98101 Purpose of Disbursement Office Supples Credit Candidate Name Office Sought: <input type="checkbox"/> House <input 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-108396-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period -28.94 [MEMO ITEM]
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<b>C. Bacon's Information</b> Full Name (Last, First, Middle Initial) Mailing Address 332 South Michigan Avenue Suite 900 City Chicago State IL Zip Code 60604 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) ▼		Transaction ID: SB21B-108397-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 2795.00 [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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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Starbucks</b> Full Name (Last, First, Middle Initial) Mailing Address 1734 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) ▼		<b>Transaction ID:</b> SB21B-108398-10000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 11.44 <b>[MEMO ITEM]</b>
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<b>B. Waldorf Astoria</b> Full Name (Last, First, Middle Initial) Mailing Address 301 Park Avenue City New York State NY Zip Code 10022 Purpose of Disbursement Travel/ Accommodations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-108398-20000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 72.69 <b>[MEMO ITEM]</b>
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<b>C. Union Station Parking</b> Full Name (Last, First, Middle Initial) Mailing Address 50 Massachusetts Ave NE City Washington State DC Zip Code 20002 Purpose of Disbursement Travel/ Accommodations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-108398-30000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 33.00 <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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. T Mobile Hot Spot</b>		<b>Transaction ID:</b> SB21B-108398-40000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 37380		Amount of Each Disbursement this Period 9.99  <b>[MEMO ITEM]</b>
City Albuquerque State NM Zip Code 87176		
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>B. T Mobile Hot Spot</b>		<b>Transaction ID:</b> SB21B-108398-42500 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 37380		Amount of Each Disbursement this Period 9.99  <b>[MEMO ITEM]</b>
City Albuquerque State NM Zip Code 87176		
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. Waldorf Astoria</b>		<b>Transaction ID:</b> SB21B-108398-51250 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 301 Park Avenue		Amount of Each Disbursement this Period 399.55  <b>[MEMO ITEM]</b>
City New York State NY Zip Code 10022		
Purpose of Disbursement Travel/ Accommodations Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Starbucks</b> Full Name (Last, First, Middle Initial) Starbucks Mailing Address 301 Park Avenue City New York State NY Zip Code 10022 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-108398-60625 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 8.89 [MEMO ITEM]
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<b>B. Starbucks</b> Full Name (Last, First, Middle Initial) Starbucks Mailing Address 301 Park Avenue City New York State NY Zip Code 10022 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-108398-70312 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 11.81 [MEMO ITEM]
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<b>C. US Airways</b> Full Name (Last, First, Middle Initial) US Airways Mailing Address 4000 E. Sky Harbor Blvd City Phoenix State AZ Zip Code 85034 Purpose of Disbursement Travel/ Accommodations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B-108398-80156 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 104.40 [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:  
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		<b>Transaction ID:</b> SB21B-108398-100000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 332.60  <b>[MEMO ITEM]</b>
City Phoenix State AZ Zip Code 85034		
Purpose of Disbursement Travel/ Accommodations Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hilton</b>		<b>Transaction ID:</b> SB21B-108398-110000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 755 Crossover Ln		Amount of Each Disbursement this Period 399.45  <b>[MEMO ITEM]</b>
City Memphis State TN Zip Code 38117		
Purpose of Disbursement Travel/ Accommodations Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Orbitz</b>		<b>Transaction ID:</b> SB21B-108398-120000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 200 S Wacker Drive		Amount of Each Disbursement this Period 4.99  <b>[MEMO ITEM]</b>
City Chicago State IL Zip Code 60606		
Purpose of Disbursement Travel/ Accommodations Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Orbitz</b> Full Name (Last, First, Middle Initial) Mailing Address 200 S Wacker Drive City Chicago State IL Zip Code 60606 Purpose of Disbursement Travel/ Accommodations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B-108398-130000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 4.99 [MEMO ITEM]
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<b>B. Waldorf Astoria</b> Full Name (Last, First, Middle Initial) Mailing Address 301 Park Avenue City New York State NY Zip Code 10022 Purpose of Disbursement Travel/ Accommodations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B-108398-140000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 141.97 [MEMO ITEM]
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<b>C. Walkfire</b> Full Name (Last, First, Middle Initial) Mailing Address 555 De Haro Street City San Francisco State CA Zip Code 94107 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) ▼		Transaction ID: SB21B-108398-160000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 5.95 [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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Walkfire</b>		Transaction ID: SB21B-108398-162500 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 555 De Haro Street		Amount of Each Disbursement this Period 11.22
City San Francisco State CA Zip Code 94107	[MEMO ITEM]	
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) ▼

Full Name (Last, First, Middle Initial) <b>B. Grand Cafe</b>		Transaction ID: SB21B-108398-172500 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 501 Geary St		Amount of Each Disbursement this Period 11.19
City San Francisco State CA Zip Code 94102	[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>C. TGI Friday's</b>		Transaction ID: SB21B-108398-190000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 685 Beach St		Amount of Each Disbursement this Period 15.55
City San Francisco State CA Zip Code 94102	[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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Subway</b> Full Name (Last, First, Middle Initial) Mailing Address 168 2nd St City San Francisco State CA Zip Code 94105 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-108398-200000 Date of Disbursement 03 / 12 / 2007 Amount of Each Disbursement this Period 8.08 [MEMO ITEM]
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<b>B. Grand Cafe</b> Full Name (Last, First, Middle Initial) Mailing Address 501 Geary St City San Francisco State CA Zip Code 94102 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-108398-205000 Date of Disbursement 03 / 12 / 2007 Amount of Each Disbursement this Period 168.85 [MEMO ITEM]
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<b>C. Super Shuttle</b> Full Name (Last, First, Middle Initial) Mailing Address 30 Adrian Ct City Burlingame State CA Zip Code 94010 Purpose of Disbursement Travel/ Accommodations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B-108398-220000 Date of Disbursement 03 / 12 / 2007 Amount of Each Disbursement this Period 20.00 [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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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hilton San Francisco</b>		<b>Transaction ID:</b> SB21B-108398-230000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 333 O'Farrell Street		Amount of Each Disbursement this Period 90.54  <b>[MEMO ITEM]</b>
City San Francisco State CA Zip Code 94102		
Purpose of Disbursement Travel/ Accommodations Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Loews Hotels Internet</b>		<b>Transaction ID:</b> SB21B-108398-240000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 101 4th St		Amount of Each Disbursement this Period 9.95  <b>[MEMO ITEM]</b>
City San Francisco State CA Zip Code 94103		
Purpose of Disbursement Travel/ Accommodations Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. HMS Host San Francisco Airport</b>		<b>Transaction ID:</b> SB21B-108398-250000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 8097		Amount of Each Disbursement this Period 18.26  <b>[MEMO ITEM]</b>
City San Francisco State CA Zip Code 94128		
Purpose of Disbursement Travel/ Accommodations Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Luxor Cab Inc</b>		<b>Transaction ID:</b> SB21B-108398-260000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 2250 Jerrold Ave		Amount of Each Disbursement this Period 40.00  <b>[MEMO ITEM]</b>
City San Francisco State CA Zip Code 94124		
Purpose of Disbursement Travel/ Accommodations Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Logic Link</b>		<b>Transaction ID:</b> SB21B-108398-270000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 1707 4th St		Amount of Each Disbursement this Period 19.83  <b>[MEMO ITEM]</b>
City Santa Monica State CA Zip Code 90401		
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Doubletree Hotel</b>		<b>Transaction ID:</b> SB21B-108398-280000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 1707 4th St		Amount of Each Disbursement this Period 329.84  <b>[MEMO ITEM]</b>
City Santa Monica State CA Zip Code 90401		
Purpose of Disbursement Travel/ Accommodations Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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:  
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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

<b>A. California Pizza Kitchen</b> Full Name (Last, First, Middle Initial) Mailing Address 1260 Connecticut Ave 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-108400-10000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 52.37 <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/ 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) ▼		<b>Transaction ID:</b> SB21B-108411-10000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 228.80 <b>[MEMO ITEM]</b>
--	--	---

<b>C. Priceline</b> Full Name (Last, First, Middle Initial) Mailing Address 800 Connecticut Avenue City Norwalk State CT Zip Code 06854 Purpose of Disbursement Travel/ Accommodations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-108411-20000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 72.73 <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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Ranch #1</b> Full Name (Last, First, Middle Initial) Mailing Address 1850 K 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-108411-30000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 4.35 <b>[MEMO ITEM]</b>
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<b>B. Budget Rent A Car</b> Full Name (Last, First, Middle Initial) Mailing Address 4787 Salem Ave City Dayton State OH Zip Code 45416 Purpose of Disbursement Travel/ Accommodations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB21B-108411-40000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 67.35 <b>[MEMO ITEM]</b>
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<b>C. HMS Host</b> Full Name (Last, First, Middle Initial) Mailing Address 3600 Terminal Drive 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) ▼		<b>Transaction ID:</b> SB21B-108411-50000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 10.15 <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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Regan National Airport Parking</b>		<b>Transaction ID:</b> SB21B-108411-60000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 1 Aviation Circle		Amount of Each Disbursement this Period 20.00
City Washington State DC Zip Code 20002	[MEMO ITEM]	
Purpose of Disbursement Travel/ Accommodations Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Cingular Wireless</b>		<b>Transaction ID:</b> SB21B-108772-10000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address Glenridge Highlands Two 5565 Glenridge Connector		Amount of Each Disbursement this Period 63.27
City Atlanta State GA Zip Code 30342	[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) ▼

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

0.00

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

621705.06

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 324 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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 Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108482 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Florence Grzeskiewicz 12607 Blackwell Lane		Amount of Each Disbursement this Period 50.00
City Bowie	State MD	
Zip Code 20715		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 Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108483 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Evelyne Walborsky 2426 West Prospect Road		Amount of Each Disbursement this Period 50.00
City Tampa	State FL	
Zip Code 33629		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 Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108484 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Sylvia Cunningham 5896 East Linda RR 4 Box 654		Amount of Each Disbursement this Period 10.00
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) ..... ▶	110.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108485 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Leila Bennett 4301 N 21st St Unit 1		Amount of Each Disbursement this Period 50.00
City Phoenix State AZ Zip Code 85016		
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. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108486 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Patricia Crump 3001 Windrift Cv		Amount of Each Disbursement this Period 100.00
City Fort Smith State AR Zip Code 72903		
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. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108487 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Linda Goodwin 508 South 15th Court		Amount of Each Disbursement this Period 5.00
City Saint Charles State IL Zip Code 60174		
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) ..... ▶	155.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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 Exploratory Committee</b>		<b>Transaction ID: SB23-108488</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Lottie Rose 4 Commodore Drive Apt. D 435		Amount of Each Disbursement this Period 25.00
City Emeryville State CA Zip Code 94608	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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 Exploratory Committee</b>		<b>Transaction ID: SB23-108489</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address William Willford 27887 Brownsville Road		Amount of Each Disbursement this Period 10.00
City Brownsville State OR Zip Code 97327	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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 Exploratory Committee</b>		<b>Transaction ID: SB23-108490</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Percy Goldstein 1040 4th St Unit 208		Amount of Each Disbursement this Period 25.00
City Santa Monica State CA Zip Code 90403	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID: SB23-108491</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Marjorie Hart-Moore 5844 West Have Drive		Amount of Each Disbursement this Period 25.00
City Fort Worth State TX Zip Code 76132		
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:		

Full Name (Last, First, Middle Initial) <b>B. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID: SB23-108492</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Alice Salrin 111 Harrison Street, Apt. A		Amount of Each Disbursement this Period 10.00
City Bartonville State IL Zip Code 61607		
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:		

Full Name (Last, First, Middle Initial) <b>C. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID: SB23-108493</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Gwendolyn Mikell 700 New Hampshire Ave NW # 317		Amount of Each Disbursement this Period 100.00
City Washington State DC Zip Code 20037		
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) ..... ▶	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)

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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. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID: SB23-108494</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Anna Bartley 3200 Netherland Avenue Apt. 6B		Amount of Each Disbursement this Period 25.00
City Bronx State NY Zip Code 10463	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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 Exploratory Committee</b>		<b>Transaction ID: SB23-108495</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Gaetana Ratigan 2787 Rudder Drive		Amount of Each Disbursement this Period 50.00
City Annapolis State MD Zip Code 21401	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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 Exploratory Committee</b>		<b>Transaction ID: SB23-108496</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Janice Nielsen 707 E. Vassar Avenue		Amount of Each Disbursement this Period 25.00
City Fresno State CA Zip Code 93704	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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) ..... ▶	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. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID: SB23-108497</b> Date of Disbursement 03 / 15 / 2007
Mailing Address Ellen Clark 200 S Ocean Blvd Apt. 130		Amount of Each Disbursement this Period 25.00
City Delray Beach State FL Zip Code 33483	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. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID: SB23-108498</b> Date of Disbursement 03 / 15 / 2007
Mailing Address Pauline Denur 5045 Royal Lane		Amount of Each Disbursement this Period 25.00
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 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 Exploratory Committee</b>		<b>Transaction ID: SB23-108499</b> Date of Disbursement 03 / 15 / 2007
Mailing Address Gilbert French 1127 Valley View Drive		Amount of Each Disbursement this Period 25.00
City Vermillion State SD Zip Code 57069	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) ..... ▶	(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. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108503 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Leila Bennett 4301 N 21st St Unit 1		Amount of Each Disbursement this Period 50.00
City Phoenix State AZ Zip Code 85016		
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:		

Full Name (Last, First, Middle Initial) <b>B. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108504 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Linda Goodwin 508 South 15th Court		Amount of Each Disbursement this Period 5.00
City Saint Charles State IL Zip Code 60174		
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:		

Full Name (Last, First, Middle Initial) <b>C. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108505 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address William Willford 27887 Brownsville Road		Amount of Each Disbursement this Period 10.00
City Brownsville State OR Zip Code 97327		
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) ..... ▶	65.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108509 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Marion Schacter 60 1st Avenue # 161		Amount of Each Disbursement this Period 25.00
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. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108510 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Maggie Moir 1937 Valley Drive		Amount of Each Disbursement this Period 100.00
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 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. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108511 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Elinor Coleman 210 N. Lee Street, Ste. 201		Amount of Each Disbursement this Period 10.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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)

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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. Giffords for Congress</b> Full Name (Last, First, Middle Initial) Marjorie Lev 4536 20th Avenue NE City: Seattle State: WA Zip Code: 98105 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23-108512</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 25.00 Category/Type: _____
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<b>B. Kirsten Gillibrand for Congress</b> Full Name (Last, First, Middle Initial) Sharon Barovsky 24508 Malibu Rd. City: Malibu State: CA Zip Code: 90265 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23-108513</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 100.00 Category/Type: _____
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<b>C. Kirsten Gillibrand for Congress</b> Full Name (Last, First, Middle Initial) Louise Williams 750 Weaver Dairy Road, Apt 239 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23-108514</b> Date of Disbursement 03 / 15 / 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)

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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. Kirsten Gillibrand for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address Esther Flashner 422 Cedar Berry Lane City Chapel Hill State NC Zip Code 27517 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: SB23-108515</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 25.00 Category/Type
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<b>B. Kirsten Gillibrand for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address Linda Goodwin 508 South 15th Court City Saint Charles State IL Zip Code 60174 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: SB23-108516</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 5.00 Category/Type
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<b>C. Kirsten Gillibrand for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address William Willford 27887 Brownsville Road City Brownsville State OR Zip Code 97327 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: SB23-108517</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 10.00 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	40.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____





# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kirsten Gillibrand for Congress</b>		<b>Transaction ID:</b> SB23-108524 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Elinor Coleman 210 N. Lee Street, Ste. 201		Amount of Each Disbursement this Period 10.00
City Alexandria	State VA	
Zip Code 22314		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. Shea Porter for Congress</b>		<b>Transaction ID:</b> SB23-108525 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Louise Williams 750 Weaver Dairy Road, Apt 239		Amount of Each Disbursement this Period 50.00
City Chapel Hill	State NC	
Zip Code 27514		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. Shea Porter for Congress</b>		<b>Transaction ID:</b> SB23-108526 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Linda Goodwin 508 South 15th Court		Amount of Each Disbursement this Period 5.00
City Saint Charles	State IL	
Zip Code 60174		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) ..... ▶	65.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Shea Porter for Congress</b>		<b>Transaction ID:</b> SB23-108527 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address William Willford 27887 Brownsville Road		Amount of Each Disbursement this Period 10.00
City Brownsville	State OR	
Zip Code 97327		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. Shea Porter for Congress</b>		<b>Transaction ID:</b> SB23-108528 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Joseph Ginocchio 635 Camino Rancheros		Amount of Each Disbursement this Period 50.00
City Santa Fe	State NM	
Zip Code 87505		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. Shea Porter for Congress</b>		<b>Transaction ID:</b> SB23-108529 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address David Ringrose 2463 Mission Carmel Cv		Amount of Each Disbursement this Period 50.00
City Del Mar	State CA	
Zip Code 92014		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) ..... ▶	110.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Shea Porter for Congress</b>		<b>Transaction ID: SB23-108530</b> Date of Disbursement 03 / 15 / 2007
Mailing Address Olive Hobbs 952 Ravenna Road		Amount of Each Disbursement this Period 50.00
City Kent State OH Zip Code 44240	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Shea Porter for Congress</b>		<b>Transaction ID: SB23-108531</b> Date of Disbursement 03 / 15 / 2007
Mailing Address A. Gresh 3938 Deer Haven Court		Amount of Each Disbursement this Period 25.00
City Las Vegas State NV Zip Code 89120	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Shea Porter for Congress</b>		<b>Transaction ID: SB23-108532</b> Date of Disbursement 03 / 15 / 2007
Mailing Address Elinor Coleman 210 N. Lee Street, Ste. 201		Amount of Each Disbursement this Period 10.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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) ..... ▶	85.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108677 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Sandra Klasky 17323 Citronia Street		Amount of Each Disbursement this Period 150.00
City Northridge State CA Zip Code 91325		
Purpose of 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 for President Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108678 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Sophie Lovinger 4 South Held Circle		Amount of Each Disbursement this Period 27.00
City Charleston State SC Zip Code 29412		
Purpose of 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 for President Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108679 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address S. Pozez 6358 N Pinnacle Ridge Dr		Amount of Each Disbursement this Period 500.00
City Tucson State AZ Zip Code 85718		
Purpose of 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) ..... ▶	677.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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 Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108680 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Kate Whitley 398 Orpheus Avenue		Amount of Each Disbursement this Period 50.00
City Encinitas State CA Zip Code 92024		
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. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108681 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Valerie Gibbs 2885 Willow Creek Lane		Amount of Each Disbursement this Period 25.00
City Las Cruces State NM Zip Code 88007		
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. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108682 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Lola Landis 1711 Milburn Drive		Amount of Each Disbursement this Period 25.00
City Pleasant Hill State CA Zip Code 94523		
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. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108683 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Lillian McCune 8128 Juniper Drive		Amount of Each Disbursement this Period 50.00
City Shawnee Msn. State KS Zip Code 66208		
Purpose of 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 for President Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108684 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Jeanne Orphan 1138 Eolus Avenue		Amount of Each Disbursement this Period 100.00
City Encinitas State CA Zip Code 92024		
Purpose of 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 for President Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108685 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Sally Humphreys 811 W. Elm Street		Amount of Each Disbursement this Period 50.00
City Lodi State CA Zip Code 95240		
Purpose of 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) ..... ▶	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)

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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. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID: SB23-108689</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Toni Lhommedieu 231 Smithfield Road		Amount of Each Disbursement this Period 25.00
City Smithfield	State PA	
Zip Code 15478		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 Exploratory Committee</b>		<b>Transaction ID: SB23-108690</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Thelma Merritt 1426 Smith Street		Amount of Each Disbursement this Period 50.00
City Milton	State WV	
Zip Code 25541		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 Exploratory Committee</b>		<b>Transaction ID: SB23-108691</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Randall Oliver 922 N. Battin Street		Amount of Each Disbursement this Period 100.00
City Wichita	State KS	
Zip Code 67208		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

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108692 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7	
Mailing Address Guillermo Cosma 803 Druid Road S.		Amount of Each Disbursement this Period 30.00	
City Clearwater	State FL		Zip Code 33756
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 Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108693 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7	
Mailing Address William Winternitz 53 Guildswood		Amount of Each Disbursement this Period 50.00	
City Tuscaloosa	State AL		Zip Code 35401
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 Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108694 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7	
Mailing Address Marion Gottlieb 3800 Foss Rd		Amount of Each Disbursement this Period 10.00	
City St Anthony	State MN		Zip Code 55421
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) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID: SB23-108695</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Tania Malik 124 Perquimans Drive		Amount of Each Disbursement this Period 50.00
City Raleigh State NC Zip Code 27609	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 for President Exploratory Committee</b>		<b>Transaction ID: SB23-108696</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Carol Braun 8949 E. Jewell Circle		Amount of Each Disbursement this Period 100.00
City Denver State CO Zip Code 80231	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 for President Exploratory Committee</b>		<b>Transaction ID: SB23-108697</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Barbara Diccico-Bloom 3 Woodmeadow Lane		Amount of Each Disbursement this Period 50.00
City Princeton Jct State NJ Zip Code 08550	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) ..... ▶	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. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID: SB23-108698</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Sara Sugerman 3120 Electra Drive		Amount of Each Disbursement this Period 50.00
City Colorado Springs State CO Zip Code 80906	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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 Exploratory Committee</b>		<b>Transaction ID: SB23-108699</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Layah Golden 12040 Cotorro Way		Amount of Each Disbursement this Period 250.00
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 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 Exploratory Committee</b>		<b>Transaction ID: SB23-108700</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Lynn Gaede 31 E. MacArthur Crescent # B204		Amount of Each Disbursement this Period 50.00
City Santa Ana State CA Zip Code 92707	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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) ..... ▶	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)

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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. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108701 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Jerry Lefevre 265 Wyoming Street W		Amount of Each Disbursement this Period 100.00
City Saint Paul State MN Zip Code 55107	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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 Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108702 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Elizabeth Gallagher 8 Strong Place		Amount of Each Disbursement this Period 50.00
City Brooklyn State NY Zip Code 11231	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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 Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108703 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Layah Golden 12040 Cotorro Way		Amount of Each Disbursement this Period 25.00
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 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)

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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. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108704 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Sophie Lovinger 4 South Held Circle		Amount of Each Disbursement this Period 27.00
City Charleston State SC Zip Code 29412	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108705 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Jeni Passard 25384 19th Street		Amount of Each Disbursement this Period 25.00
City San Bernardino State CA Zip Code 92404	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108706 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Jane Randolph 1111 18th Avenue		Amount of Each Disbursement this Period 25.00
City Delano State CA Zip Code 93215	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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) ..... ▶	77.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108707 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address June Tablak 1905 Adele Place		Amount of Each Disbursement this Period 25.00
City San Jose State CA Zip Code 95125	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. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108708 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Joyce Weissbach 16922 Timberlakes Drive		Amount of Each Disbursement this Period 34.00
City Fort Myers State FL Zip Code 33908	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 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. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108709 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Natalie Rogers 171 Nelson Way		Amount of Each Disbursement this Period 20.00
City Sebastopol State CA Zip Code 95472	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) ..... ▶	79.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108713 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Patricia Shea 13434 Adair Creek Way NE		Amount of Each Disbursement this Period 25.00
City Redmond State WA Zip Code 98053	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108714 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Gail Paine 312 Rte. 16A		Amount of Each Disbursement this Period 25.00
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 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. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108715 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Allan Lindrup 5502 S. Hyde Park Blvd. # 2		Amount of Each Disbursement this Period 20.00
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) ▼	Category/ Type

<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)

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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. Giffords for Congress</b> Full Name (Last, First, Middle Initial) Randall Oliver 922 N. Battin Street Mailing Address City: Wichita State: KS Zip Code: 67208 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: SB23-108716</b> Date of Disbursement: 03 / 28 / 2007 Amount of Each Disbursement this Period: 100.00 Category/Type: _____
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<b>B. Giffords for Congress</b> Full Name (Last, First, Middle Initial) Allen Veaner PO Box 30786 Mailing Address City: Tucson State: AZ Zip Code: 85751 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: SB23-108717</b> Date of Disbursement: 03 / 28 / 2007 Amount of Each Disbursement this Period: 25.00 Category/Type: _____
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<b>C. Giffords for Congress</b> Full Name (Last, First, Middle Initial) Carol Braun 8949 E. Jewell Circle Mailing Address City: Denver State: CO Zip Code: 80231 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: SB23-108718</b> Date of Disbursement: 03 / 28 / 2007 Amount of Each Disbursement this Period: 100.00 Category/Type: _____
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<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)

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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. Giffords for Congress</b> Full Name (Last, First, Middle Initial) Frances Latterell PO Box 3609		<b>Transaction ID:</b> SB23-108719 <b>Date of Disbursement</b> 03 / 28 / 2007
Mailing Address: Frances Latterell PO Box 3609		Amount of Each Disbursement this Period 25.00
City: Shepherdstown State: WV Zip Code: 25443	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. Giffords for Congress</b> Full Name (Last, First, Middle Initial) Elizabeth Gallagher 8 Strong Place		<b>Transaction ID:</b> SB23-108720 <b>Date of Disbursement</b> 03 / 28 / 2007
Mailing Address: Elizabeth Gallagher 8 Strong Place		Amount of Each Disbursement this Period 50.00
City: Brooklyn State: NY Zip Code: 11231	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. Giffords for Congress</b> Full Name (Last, First, Middle Initial) Claire Phillips P.O. Box 1249		<b>Transaction ID:</b> SB23-108721 <b>Date of Disbursement</b> 03 / 28 / 2007
Mailing Address: Claire Phillips P.O. Box 1249		Amount of Each Disbursement this Period 83.34
City: Big Timber State: MT Zip Code: 59011	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) ..... ▶	158.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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. Giffords for Congress</b></p> <p>Full Name (Last, First, Middle Initial) Jerry Lefevre</p> <p>Mailing Address 265 Wyoming Street W</p> <p>City Saint Paul State MN Zip Code 55107</p> <p>Purpose of 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> SB23-108722</p> <p>Date of Disbursement 03 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p>
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<p><b>B. Kirsten Gillibrand for Congress</b></p> <p>Full Name (Last, First, Middle Initial) S. Pozez</p> <p>Mailing Address 6358 N Pinnacle Ridge Dr</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> SB23-108723</p> <p>Date of Disbursement 03 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p>
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<p><b>C. Kirsten Gillibrand for Congress</b></p> <p>Full Name (Last, First, Middle Initial) Millicent Magaliff</p> <p>Mailing Address 3750 Hudson Manor Terr #5M</p> <p>City Bronx State NY Zip Code 10463</p> <p>Purpose of 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> SB23-108724</p> <p>Date of Disbursement 03 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 36.00</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>636.00</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 357 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kirsten Gillibrand for Congress</b>		<b>Transaction ID: SB23-108725</b> Date of Disbursement 03 / 28 / 2007
Mailing Address Joyce Weissbach 16922 Timberlakes Drive		Amount of Each Disbursement this Period 33.00
City Fort Myers	State FL	
Zip Code 33908		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. Kirsten Gillibrand for Congress</b>		<b>Transaction ID: SB23-108726</b> Date of Disbursement 03 / 28 / 2007
Mailing Address Natalie Rogers 171 Nelson Way		Amount of Each Disbursement this Period 20.00
City Sebastopol	State CA	
Zip Code 95472		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. Kirsten Gillibrand for Congress</b>		<b>Transaction ID: SB23-108727</b> Date of Disbursement 03 / 28 / 2007
Mailing Address Doris Crowley 2 Cornwallis Sq.		Amount of Each Disbursement this Period 100.00
City Newark	State DE	
Zip Code 19713		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) ..... ▶	153.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (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 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Kirsten Gillibrand for Congress</b>		<b>Transaction ID: SB23-108728</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Gail Paine 312 Rte. 16A		Amount of Each Disbursement this Period 25.00
City Intervale State NH Zip Code 03845		
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:		

Full Name (Last, First, Middle Initial) <b>B. Kirsten Gillibrand for Congress</b>		<b>Transaction ID: SB23-108729</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Allan Lindrup 5502 S. Hyde Park Blvd. # 2		Amount of Each Disbursement this Period 10.00
City Chicago State IL Zip Code 60637		
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:		

Full Name (Last, First, Middle Initial) <b>C. Kirsten Gillibrand for Congress</b>		<b>Transaction ID: SB23-108730</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Randall Oliver 922 N. Battin Street		Amount of Each Disbursement this Period 100.00
City Wichita State KS Zip Code 67208		
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) ..... ▶	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 359 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Kirsten Gillibrand for Congress</p>		<p><b>Transaction ID:</b> SB23-108731 <b>Date of Disbursement</b></p>
<p>Mailing Address Elizabeth Gallagher 8 Strong Place</p>		<p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <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>City Brooklyn State NY Zip Code 11231</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>B.</b> Full Name (Last, First, Middle Initial) Kirsten Gillibrand for Congress</p>		<p><b>Transaction ID:</b> SB23-108732 <b>Date of Disbursement</b></p>
<p>Mailing Address Claire Phillips P.O. Box 1249</p>		<p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <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>City Big Timber State MT Zip Code 59011</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="83.33"/></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) Shea Porter for Congress</p>		<p><b>Transaction ID:</b> SB23-108733 <b>Date of Disbursement</b></p>
<p>Mailing Address Jeni Passard 25384 19th Street</p>		<p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <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>City San Bernardino State CA Zip Code 92404</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" 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="158.33"/></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 360 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) Shea Porter for Congress		<b>Transaction ID:</b> SB23-108734 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Jane Randolph 1111 18th Avenue		Amount of Each Disbursement this Period 25.00
City Delano State CA Zip Code 93215	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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) Shea Porter for Congress		<b>Transaction ID:</b> SB23-108735 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Rosa Metcalf 18 Hope Street		Amount of Each Disbursement this Period 50.00
City Hempstead State NY Zip Code 11550	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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) Shea Porter for Congress		<b>Transaction ID:</b> SB23-108736 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address June Tablak 1905 Adele Place		Amount of Each Disbursement this Period 25.00
City San Jose State CA Zip Code 95125	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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) ..... ▶	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. Shea Porter for Congress</b>		<b>Transaction ID: SB23-108737</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Joyce Weissbach 16922 Timberlakes Drive		Amount of Each Disbursement this Period 33.00
City Fort Myers	State FL	
Zip Code 33908		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. Shea Porter for Congress</b>		<b>Transaction ID: SB23-108738</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Natalie Rogers 171 Nelson Way		Amount of Each Disbursement this Period 20.00
City Sebastopol	State CA	
Zip Code 95472		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. Shea Porter for Congress</b>		<b>Transaction ID: SB23-108739</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Jeanne Orphan 1138 Eolus Avenue		Amount of Each Disbursement this Period 100.00
City Encinitas	State CA	
Zip Code 92024		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) ..... ▶	153.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Shea Porter for Congress</b>		<b>Transaction ID:</b> SB23-108740 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Charleen Behrschmidt 1306 Parkhill Court		Amount of Each Disbursement this Period 50.00
City Camarillo State CA Zip Code 93010		
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. Shea Porter for Congress</b>		<b>Transaction ID:</b> SB23-108741 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Pat Handley 4022 S Warmwater Ave		Amount of Each Disbursement this Period 25.00
City Springfield State MO Zip Code 65804		
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. Shea Porter for Congress</b>		<b>Transaction ID:</b> SB23-108742 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Doris Crowley 2 Cornwallis Sq.		Amount of Each Disbursement this Period 100.00
City Newark State DE Zip Code 19713		
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) ..... ▶	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)

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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. Shea Porter for Congress</b>		<b>Transaction ID: SB23-108743</b> Date of Disbursement 03 / 28 / 2007
Mailing Address     Gail Paine 312 Rte. 16A		Amount of Each Disbursement this Period 50.00
City Intervale	State     Zip Code NH        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:		

Full Name (Last, First, Middle Initial) <b>B. Shea Porter for Congress</b>		<b>Transaction ID: SB23-108744</b> Date of Disbursement 03 / 28 / 2007
Mailing Address     Allan Lindrup 5502 S. Hyde Park Blvd. # 2		Amount of Each Disbursement this Period 20.00
City Chicago	State     Zip Code IL        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:		

Full Name (Last, First, Middle Initial) <b>C. Shea Porter for Congress</b>		<b>Transaction ID: SB23-108745</b> Date of Disbursement 03 / 28 / 2007
Mailing Address     Randall Oliver 922 N. Battin Street		Amount of Each Disbursement this Period 100.00
City Wichita	State     Zip Code KS        67208	
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) ..... ▶	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)

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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. Shea Porter for Congress</b>		<b>Transaction ID:</b> SB23-108746 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address William Winternitz 53 Guildswood		Amount of Each Disbursement this Period 50.00
City Tuscaloosa      State AL      Zip Code 35401		
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. Shea Porter for Congress</b>		<b>Transaction ID:</b> SB23-108747 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Frances Moran 3344 Harbour Drive		Amount of Each Disbursement this Period 50.00
City Mount Dora      State FL      Zip Code 32757		
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. Shea Porter for Congress</b>		<b>Transaction ID:</b> SB23-108748 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Elizabeth Gallagher 8 Strong Place		Amount of Each Disbursement this Period 50.00
City Brooklyn      State NY      Zip Code 11231		
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) ..... ▶	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)

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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. Shea Porter for Congress</b>		<b>Transaction ID:</b> SB23-108749 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Claire Phillips P.O. Box 1249		Amount of Each Disbursement this Period 83.33
City Big Timber	State MT	
Zip Code 59011		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. Democratic Congressional Campaign Committee</b>		<b>Transaction ID:</b> SB23-108756 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 430 S. Capitol Street SE		Amount of Each Disbursement this Period 5000.00
City Washington	State DC	
Zip Code 20003		Category/ Type
Purpose of Disbursement Committee Contribution		
Candidate Name		Disbursement For: <input 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. Democratic Senatorial Campaign Committee</b>		<b>Transaction ID:</b> SB23-108757 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 120 Maryland Avenue, NE		Amount of Each Disbursement this Period 5000.00
City Washington	State DC	
Zip Code 20002		Category/ Type
Purpose of Disbursement Committee Contribution		
Candidate Name		Disbursement For: <input 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) ..... ▶	10083.33
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. The League of Young Voters PAC</b>		<b>Transaction ID:</b> SB23-108769
Mailing Address 45 Main Street #628		Date of Disbursement 03 / 29 / 2007
City Brooklyn	State NY	Zip Code 11201
Purpose of Disbursement Committee Contribution		Amount of Each Disbursement this Period 4000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108791
Mailing Address Mary Richeson 1312 Deveron Drive		Date of Disbursement 03 / 30 / 2007
City New Haven	State IN	Zip Code 46774
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 50.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108792
Mailing Address Faye Duchin 28 East Road		Date of Disbursement 03 / 30 / 2007
City Troy	State NY	Zip Code 12180
Purpose of Disbursement Candidate Contrib Earmarked		Amount of Each Disbursement this Period 50.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4100.00</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)

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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. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID: SB23-108793</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address Stanley Adelstein 3390 Kersdale Road		Amount of Each Disbursement this Period 100.00
City Cleveland State OH Zip Code 44124	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. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID: SB23-108794</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address Bethia Caffery 1019 Jungle Avenue North		Amount of Each Disbursement this Period 10.00
City Saint Petersburg State FL Zip Code 33710	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. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID: SB23-108795</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address Ann Dubin 1 Northern Drive		Amount of Each Disbursement this Period 250.00
City Bridgewater State NJ Zip Code 08807	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) ..... ▶	360.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108796 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Nancy Glick 1909 Cornell Lane		Amount of Each Disbursement this Period 25.00
City Denton State TX Zip Code 76201	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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 Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108797 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Helen Layng 3417 Landstrom Rd		Amount of Each Disbursement this Period 20.00
City Rockford State IL Zip Code 61107	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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 Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108798 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Delphine Tucci 1830 Surfside Court		Amount of Each Disbursement this Period 25.00
City Discovery Bay State CA Zip Code 94514	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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) ..... ▶	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)

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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. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108799 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Rita Freeland PO Box 328		Amount of Each Disbursement this Period 20.00
City Eagles Mere State PA Zip Code 17731	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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 Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108800 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Lynda Thomas 130 Deerfoot Road		Amount of Each Disbursement this Period 25.00
City Southborough State MA Zip Code 01772	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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 Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108801 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Murray Zeisel 10 Village Ct		Amount of Each Disbursement this Period 100.00
City Demarest State NJ Zip Code 07627	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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) ..... ▶	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)

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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. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108802 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Charlotte Masters 917 Four Seasons Drive		Amount of Each Disbursement this Period 10.00
City Wayne	State NJ	
Zip Code 07470		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. Hillary Clinton for President Exploratory Committee</b>		<b>Transaction ID:</b> SB23-108803 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Rosalie Epstein 266 Bishops Forest Drive		Amount of Each Disbursement this Period 50.00
City Waltham	State MA	
Zip Code 02452		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. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108804 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Ann Dubin 1 Northern Drive		Amount of Each Disbursement this Period 250.00
City Bridgewater	State NJ	
Zip Code 08807		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) ..... ▶	310.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108805 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Barbara Johnson 3548 Greenfield Place		Amount of Each Disbursement this Period 20.00
City Carmel	State CA	
Zip Code 93923		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. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108806 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Helen Layng 3417 Landstrom Rd		Amount of Each Disbursement this Period 20.00
City Rockford	State IL	
Zip Code 61107		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. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108807 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Carol Hanner 5345 Safforn Avenue		Amount of Each Disbursement this Period 25.00
City Dunwoody	State GA	
Zip Code 30338		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) ..... ▶	65.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108808 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Rita Freeland PO Box 328		Amount of Each Disbursement this Period 20.00
City Eagles Mere	State PA Zip Code 17731	
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. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108809 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Estella Horning 1602 Magnolia Court		Amount of Each Disbursement this Period 50.00
City Goshen	State IN Zip Code 46526	
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. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108810 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Sharon Cherry 9 Starsdale Circle		Amount of Each Disbursement this Period 10.00
City Greenville	State SC Zip Code 29609	
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) ..... ▶	80.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108811 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7	
Mailing Address Lois Schultter 10655 57th Avenue N.		Amount of Each Disbursement this Period 50.00	
City Plymouth	State MN		Zip Code 55442
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. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108812 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7	
Mailing Address Murray Zeisel 10 Village Ct		Amount of Each Disbursement this Period 100.00	
City Demarest	State NJ		Zip Code 07627
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. Giffords for Congress</b>		<b>Transaction ID:</b> SB23-108813 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7	
Mailing Address Charlotte Masters 917 Four Seasons Drive		Amount of Each Disbursement this Period 10.00	
City Wayne	State NJ		Zip Code 07470
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) ..... ▶	160.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Kirsten Gillibrand for Congress		<b>Transaction ID:</b> SB23-108814 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Faye Duchin 28 East Road		Amount of Each Disbursement this Period 50.00
City Troy State NY Zip Code 12180	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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) Kirsten Gillibrand for Congress		<b>Transaction ID:</b> SB23-108815 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Helen Layng 3417 Landstrom Rd		Amount of Each Disbursement this Period 20.00
City Rockford State IL Zip Code 61107	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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) Kirsten Gillibrand for Congress		<b>Transaction ID:</b> SB23-108816 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Carol Hanner 5345 Safforn Avenue		Amount of Each Disbursement this Period 25.00
City Dunwoody State GA Zip Code 30338	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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) ..... ▶	95.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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. Kirsten Gillibrand for Congress</b>		<b>Transaction ID:</b> SB23-108817 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Murray Zeisel 10 Village Ct		Amount of Each Disbursement this Period 100.00
City Demarest State NJ Zip Code 07627	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Kirsten Gillibrand for Congress</b>		<b>Transaction ID:</b> SB23-108818 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Charlotte Masters 917 Four Seasons Drive		Amount of Each Disbursement this Period 10.00
City Wayne State NJ Zip Code 07470	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Kirsten Gillibrand for Congress</b>		<b>Transaction ID:</b> SB23-108819 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Mary Ann Quinson 1115 Fifth Ave 14C		Amount of Each Disbursement this Period 100.00
City New York State NY Zip Code 10128	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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) ..... ▶	210.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Shea Porter for Congress</b>		<b>Transaction ID:</b> SB23-108820 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Edward Walworth 25 Lambert Road		Amount of Each Disbursement this Period 50.00
City New Canaan State CT Zip Code 06840		
Purpose of 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. Shea Porter for Congress</b>		<b>Transaction ID:</b> SB23-108821 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Helen Layng 3417 Landstrom Rd		Amount of Each Disbursement this Period 20.00
City Rockford State IL Zip Code 61107		
Purpose of 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. Shea Porter for Congress</b>		<b>Transaction ID:</b> SB23-108822 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Carol Hanner 5345 Safforn Avenue		Amount of Each Disbursement this Period 25.00
City Dunwoody State GA Zip Code 30338		
Purpose of 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) ..... ▶	95.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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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. Shea Porter for Congress</b>		<b>Transaction ID: SB23-108823</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address Estella Horning 1602 Magnolia Court		Amount of Each Disbursement this Period 50.00
City Goshen State IN Zip Code 46526	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Shea Porter for Congress</b>		<b>Transaction ID: SB23-108824</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address Sharon Cherry 9 Starsdale Circle		Amount of Each Disbursement this Period 10.00
City Greenville State SC Zip Code 29609	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Shea Porter for Congress</b>		<b>Transaction ID: SB23-108825</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address Lois Schullter 10655 57th Avenue N.		Amount of Each Disbursement this Period 50.00
City Plymouth State MN Zip Code 55442	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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) ..... ▶	110.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (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 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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) Shea Porter for Congress		<b>Transaction ID:</b> SB23-108826 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Murray Zeisel 10 Village Ct		Amount of Each Disbursement this Period 100.00
City Demarest State NJ Zip Code 07627	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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) Shea Porter for Congress		<b>Transaction ID:</b> SB23-108827 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Charlotte Masters 917 Four Seasons Drive		Amount of Each Disbursement this Period 10.00
City Wayne State NJ Zip Code 07470	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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) Shea Porter for Congress		<b>Transaction ID:</b> SB23-108828 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Mary Coffman HC 72 Box 4		Amount of Each Disbursement this Period 50.00
City Keyser State WV Zip Code 26726	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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

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

160.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Rosalie Heller 301 El Viento Street</p> <p>City Los Alamos State NM Zip Code 87544</p> <p>Purpose of 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> 32228611 <b>Date of Disbursement:</b> 03 / 20 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Quarrier Cook 1085 Camino Manana</p> <p>City Santa Fe State NM Zip Code 87501</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 32228612 <b>Date of Disbursement:</b> 03 / 20 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Marjorie Saulson 26662 Scenic Hwy</p> <p>City Franklin State MI Zip Code 48025</p> <p>Purpose of 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> 32228613 <b>Date of Disbursement:</b> 03 / 29 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228614 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Lois Aaron 13800 Shaker Blvd Apt. 904		Amount of Each Disbursement this Period 100.00
City Cleveland	State OH	
Zip Code 44120		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228615 Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address Doris Jean Keller 179 E. Lake Shore Drive		Amount of Each Disbursement this Period 50.00
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228616 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Arax Hicks 170 Avenue C Apt 10C		Amount of Each Disbursement this Period 100.00
City New York	State NY	
Zip Code 10009		[MEMO ITEM] MEMO
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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228617 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Catherine Jackson P.O. Box 268		Amount of Each Disbursement this Period 25.00
City Charlestown State NH Zip Code 03603	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228618 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address Eileen Welsh 1201 Blue Johnson Road		Amount of Each Disbursement this Period 35.00
City Hopkins State SC Zip Code 29061	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228619 Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address Patricia Meyers 1330 Union Street		Amount of Each Disbursement this Period 100.00
City Manchester State NH Zip Code 03104	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Ferdinand Schlapper 20 Quail Ridge Dr 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32228620</b> Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Floyd Judd 8697N TalladegaWay City Fresno State CA Zip Code 93720 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: 32228621</b> Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Margit Spector 2971 Delaware Ave Apt 417 City Buffalo State NY Zip Code 14217 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: 32228622</b> Date of Disbursement 03 / 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) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Rachel Mygatt 115 W Lee St City Baltimore State MD Zip Code 21201 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228623</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</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: 32228624</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Ora Gelberg 170 Park Row, Apt. 8C City New York State NY Zip Code 10038 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228625</b> Date of Disbursement 03 / 23 / 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)

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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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Mark Heald P.O. Box 284</p> <p>City Pleasant Hill State TN Zip Code 38578</p> <p>Purpose of 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: 32228626</b> Date of Disbursement 03 / 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>B. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Keith Parker 1701 Fairmount Avenue</p> <p>City La Canada State CA Zip Code 91011</p> <p>Purpose of 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: 32228627</b> Date of Disbursement 03 / 13 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Victoria Watkins 244 Madison Avenue, # 14E</p> <p>City New York State NY Zip Code 10016</p> <p>Purpose of 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: 32228628</b> Date of Disbursement 03 / 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>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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Leona Sobel 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: 32228629</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Elizabeth Shipley 805 HAGYS FORD RD City Narberth State PA Zip Code 19072 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32228630</b> Date of Disbursement 03 / 05 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Mary Indermill 26340 Ivrea PI City Valencia State CA Zip Code 91355 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: 32228631</b> Date of Disbursement 03 / 31 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Lynne Levesque 20 Lawrence Street # 3 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: 32228632</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: June Vawter 14 Ellis Street City: Freehold State: NJ Zip Code: 07728 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228633</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: WKirk Avery PO Box 411 (Mail) City: Bridgewater State: MA Zip Code: 02324 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228634</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228635 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Mary McCully 282 Woodlawn Terrace		Amount of Each Disbursement this Period 25.00
City Bamberg State SC Zip Code 29003	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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228636 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address Idell Weydemeyer 877 N Rancho Road		Amount of Each Disbursement this Period 25.00
City El Sobrante State CA Zip Code 94803	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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228637 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address Helen Reinhard 87 Bridge Street		Amount of Each Disbursement this Period 50.00
City Medfield State MA Zip Code 02052	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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228638 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Rochelle Grossman 8050 Baxter Avenue		Amount of Each Disbursement this Period 100.00
City Elmhurst	State NY	
Zip Code 11373		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228639 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Freda Fuller 1233 N Beaver Creek Road		Amount of Each Disbursement this Period 50.00
City Seal Rock	State OR	
Zip Code 97376		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228640 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Carol Myers Scotton 3839 Fossum Lane		Amount of Each Disbursement this Period 25.00
City Okemos	State MI	
Zip Code 48864		[MEMO ITEM] MEMO
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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228641 Date of Disbursement 03 / 22 / 2007
Mailing Address Robert West 305 Nautilus Drive		Amount of Each Disbursement this Period 200.00
City Madison State WI Zip Code 53705	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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228642 Date of Disbursement 03 / 21 / 2007
Mailing Address Theodore Hiatt 35 Bryn Mawr Drive		Amount of Each Disbursement this Period 50.00
City San Rafael State CA Zip Code 94901	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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228643 Date of Disbursement 03 / 21 / 2007
Mailing Address Joyce Tigner 100 Regional Court		Amount of Each Disbursement this Period 50.00
City Flemington State NJ Zip Code 08822	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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228644 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Linda Golodner 1739 Q Street, N.W.		Amount of Each Disbursement this Period 50.00
City Washington State DC Zip Code 20009	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228645 Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address Elizabeth Ellwood 233 Medford Leas		Amount of Each Disbursement this Period 500.00
City Medford State NJ Zip Code 08055	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228646 Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address Ann LaRae Ivey 30948 E. Sunset Dr. So.		Amount of Each Disbursement this Period 100.00
City Redlands State CA Zip Code 92373	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228647 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Judy Burns 6336 Cotton Drive SE		Amount of Each Disbursement this Period 100.00
City Olympia State WA Zip Code 98513	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228648 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Amy Eisenlohr PO Box 263		Amount of Each Disbursement this Period 50.00
City West Tisbury State MA Zip Code 02575	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228649 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address David Lowry 3580 Shaw Avenue, Apt. 627		Amount of Each Disbursement this Period 100.00
City Cincinnati State OH Zip Code 45208	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 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)

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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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Jennifer Allred 3310 Oakwood Street</p> <p>City: Salt Lake City      State: UT      Zip Code: 84109</p> <p>Purpose of 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: 32228650</p> <p>Date of Disbursement: 03 / 07 / 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>B. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Michael O'Connor 649 E. 14th Street, Apt. 2C</p> <p>City: New York      State: NY      Zip Code: 10009</p> <p>Purpose of 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: 32228651</p> <p>Date of Disbursement: 03 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Jo Ann Byler 1523 E. Woodland Drive</p> <p>City: Dalton Gardens      State: ID      Zip Code: 83815</p> <p>Purpose of 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: 32228652</p> <p>Date of Disbursement: 03 / 16 / 2007</p> <p>Amount of Each Disbursement this Period: 8.00</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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228653 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Rita Vandenburg 3972 Amyx Ct		Amount of Each Disbursement this Period 15.00
City Hayward State CA Zip Code 94542	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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228654 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Margaret Center PO Box 193		Amount of Each Disbursement this Period 100.00
City Wilton State NH Zip Code 03086	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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228655 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address Patty Jay 11213 Clear Oak Circle		Amount of Each Disbursement this Period 25.00
City New Port Richey State FL Zip Code 34654	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

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228659 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Barbara Schmidt 4339 Center Oak Woods St		Amount of Each Disbursement this Period 50.00
City San Antonio	State TX	
Zip Code 78249		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228660 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Ted Thatcher 4415 Park Green Court		Amount of Each Disbursement this Period 50.00
City Sacramento	State CA	
Zip Code 95821		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228661 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address Ina Ayliffe 15905 Bent Tree Forest Cr.		Amount of Each Disbursement this Period 10.00
City Dallas	State TX	
Zip Code 75248		[MEMO ITEM] MEMO
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

Full Name (Last, First, Middle Initial) <b>A. Carol Shea-Porter Contributions</b>		Transaction ID: 32228662 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Jack Lawrence 22189 Madison Street		Amount of Each Disbursement this Period 50.00
City St. Clair Shores State MI Zip Code 48081	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228663 Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address Judith Nelson 1603 Mill Creek Rd.		Amount of Each Disbursement this Period 10.00
City Manahawkin, State NJ Zip Code 08050	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228664 Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address Sarah Woodin 4645 Datura Road		Amount of Each Disbursement this Period 250.00
City Columbia State SC Zip Code 29205	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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: 32228668 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Marjorie Ensminger 495 Village Drive		Amount of Each Disbursement this Period 25.00
City Bethlehem State PA Zip Code 18018	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228669 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Marguerite Cullman 300 Park Drive		Amount of Each Disbursement this Period 50.00
City Severna Park State MD Zip Code 21146	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228670 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address Maryanne Joyce 142 Nyac Avenue		Amount of Each Disbursement this Period 250.00
City Pelham State NY Zip Code 10803	[MEMO ITEM] MEMO	
Purpose of 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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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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: 32228671 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address H Jean Kraft 508 Weir Road		Amount of Each Disbursement this Period 50.00
City Aston State PA Zip Code 19014	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228672 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Jeannette Ross 3000 Galloway Ridge		Amount of Each Disbursement this Period 25.00
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	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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228673 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Pamela Winter 550 S. Golden Sky Lane		Amount of Each Disbursement this Period 100.00
City Anaheim State CA Zip Code 92807	[MEMO ITEM] MEMO	
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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228674 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 7
Mailing Address Norma Stone 3601 Turtle Creek Blvd.		Amount of Each Disbursement this Period 75.00
City Dallas State TX Zip Code 75219	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228675 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Jennifer Kleckner 1855 Cowper Street		Amount of Each Disbursement this Period 25.00
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228676 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Marie Kingdon 1062 Carter's Grove		Amount of Each Disbursement this Period 25.00
City Indianapolis State IN Zip Code 46260	[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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Genevieve Tvrdik 341 Stehman Road City: Lancaster State: PA Zip Code: 17603 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228677</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Polly Masters P.O. Box 106 City: Ancramdale State: NY Zip Code: 12503 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228678</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 Amount of Each Disbursement this Period 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Shirley DeJarnatt 3105 Woodlawn Road City: Sterling State: IL Zip Code: 61081 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228679</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 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)

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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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Clara Schiffer 3125 Patterson Street, N.W.</p> <p>City Washington State DC Zip Code 20015</p> <p>Purpose of 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: 32228680</p> <p>Date of Disbursement 03 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 75.00</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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Mary Barber Holmes 1062 Old Graham Road</p> <p>City Pittsboro State NC Zip Code 27312</p> <p>Purpose of 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: 32228681</p> <p>Date of Disbursement 03 / 14 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Gregory Fowler P.O. Box 390689</p> <p>City Mountain View State CA Zip Code 94039</p> <p>Purpose of 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: 32228682</p> <p>Date of Disbursement 03 / 26 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228683 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address Rhoda Martyn 620 Sand Hill Road # 404G		Amount of Each Disbursement this Period 250.00
City Palo Alto State CA Zip Code 94304	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228684 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Barbara Flores 77741 Cove Pointe Circle		Amount of Each Disbursement this Period 100.00
City Indian Wells State CA Zip Code 92210	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228685 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Roni Gurland 11 Riverside Drive, # 5F-W		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		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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228686 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Sandi Cooper College Of Staten IS		Amount of Each Disbursement this Period 25.00
City Staten Island State NY Zip Code 10314	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228687 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Judith Dubin 9936 Beverly Grove Drive		Amount of Each Disbursement this Period 100.00
City Beverly Hilllls State CA Zip Code 90210	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228688 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Walter Limbach 123 Beechmont Road		Amount of Each Disbursement this Period 100.00
City Pittsburgh State PA Zip Code 15206	[MEMO ITEM] MEMO	
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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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: 32228689 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address Steve Hegeman PO Box 367		Amount of Each Disbursement this Period 50.00
City Bonita Springs State FL Zip Code 34133	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228690 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Sharon Schmidt 1509 Sandcastle Drive		Amount of Each Disbursement this Period 100.00
City Corona Del Mar State CA Zip Code 92625	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228691 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Helen Andrews 247 Hoodridge Drive		Amount of Each Disbursement this Period 100.00
City Pittsburgh State PA Zip Code 15234	[MEMO ITEM] MEMO	
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:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Carol Shea-Porter Contributions</b>		Transaction ID: 32228692 Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address Edward Newcombe 25 Old Meetinghouse Rd		Amount of Each Disbursement this Period 50.00
City Auburn State MA Zip Code 01501	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228693 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Helen Cahn 730 Camino Mirada		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		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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228694 Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address Deborah Meitin 877 Victoria Terrace		Amount of Each Disbursement this Period 50.00
City Altamonte Spring State FL Zip Code 32701	[MEMO ITEM] MEMO	
Purpose of 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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Robert Tartell 690 Hawthorne Street</p> <p>City West Hempstead State NY Zip Code 11552</p> <p>Purpose of 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> 32228695 <b>Date of Disbursement</b> 03 / 15 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Selene Levine 720 Milton Road</p> <p>City Rye State NY Zip Code 10580</p> <p>Purpose of 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> 32228696 <b>Date of Disbursement</b> 03 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 18.00</p> <p><b>[MEMO ITEM]</b> MEMO</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 Carmela Cipriano 260 65th Street, Apt. 11P</p> <p>City Brooklyn State NY Zip Code 11220</p> <p>Purpose of 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> 32228697 <b>Date of Disbursement</b> 03 / 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>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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Carol Shea-Porter Contributions</b>		Transaction ID: 32228698 Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2007
Mailing Address Nancy Henningsen 7108 Orkney Parkway		Amount of Each Disbursement this Period 100.00
City Bethesda State MD Zip Code 20817	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228699 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address Eva Edelstein 135 Mayberry Drive		Amount of Each Disbursement this Period 75.00
City Monroeville State PA Zip Code 15146	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228700 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address Margaret Brown 1121 Oregon Hollow Road		Amount of Each Disbursement this Period 100.00
City Holtwood State PA Zip Code 17532	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address: Barbara Mackoy 928 Simon Drive City: Cedar Hill State: TX Zip Code: 75104 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228701</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address: Beth Myers 4070 W. Forest Park Drive City: Bloomington State: IN Zip Code: 47404 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228702</b> Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address: Ilene Jagatramcharran 15500 SE 80th Avenue City: Summerfield State: FL Zip Code: 34491 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228703</b> Date of Disbursement 03 / 16 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228704 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Marcia Levens 2671 S. Course Drive, Apt. 410		Amount of Each Disbursement this Period 50.00
City Pompano Beach State FL Zip Code 33069	Category/ Type	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carol Shea-Porter Contributions</b>		Transaction ID: 32228705 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Dorothy Hasler 4193 Shorebrook		Amount of Each Disbursement this Period 10.00
City Sterling Heights State MI Zip Code 48314	Category/ Type	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Carol Shea-Porter Contributions</b>		Transaction ID: 32228706 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Dennis McGilligan 4230 Mandan Cres		Amount of Each Disbursement this Period 25.00
City Madison State WI Zip Code 53711	Category/ Type	
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 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)

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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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</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 State: District:</p>		<p>Transaction ID: 32228707</p> <p>Date of Disbursement 03 / 21 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Mary Thiel 43 Clark Road</p> <p>City Brookline State MA Zip Code 02445</p> <p>Purpose of 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: 32228708</p> <p>Date of Disbursement 03 / 19 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Marleigh Fletcher 785 E. Courtney Lane</p> <p>City Tempe State AZ Zip Code 85284</p> <p>Purpose of 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: 32228709</p> <p>Date of Disbursement 03 / 06 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228710 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address Annette Dwyer 20221 83rd Place NE		Amount of Each Disbursement this Period 250.00
City Kenmore	State WA	
Zip Code 98028		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228711 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address Judith Fisher 204 Dromara Road		Amount of Each Disbursement this Period 100.00
City Guilford	State CT	
Zip Code 06437		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228712 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address Patricia Glaude PO Box 3204		Amount of Each Disbursement this Period 20.00
City Hayward	State CA	
Zip Code 94540		[MEMO ITEM] MEMO
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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Stanley Strauss 1140 Breakers West Blvd City West Palm Beach State FL Zip Code 33411 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: 32228713</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Dolores Crane 16 New York Avenue City Stony Brook State NY Zip Code 11790 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: 32228714</b> Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Maxine Rader 2901 U A A Drive City Anchorage State AK Zip Code 99508 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: 32228715</b> Date of Disbursement 03 / 28 / 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)

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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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Sally Mitchell 1400 Newcastle Street</p> <p>City Beaufort State SC Zip Code 29902</p> <p>Purpose of 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> 32228716 <b>Date of Disbursement</b> 03 / 19 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Anne Smoke 2122 Massachusetts Avenue</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 32228717 <b>Date of Disbursement</b> 03 / 16 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Virginia Kingsbury 455 Benderfield Drive</p> <p>City Zionsville State IN Zip Code 46077</p> <p>Purpose of 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> 32228718 <b>Date of Disbursement</b> 03 / 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>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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Nancy Marshall 1142 Village Way 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32228719</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Susanne Buxton 1402 Lyons Avenue City: Royal Oak State: MI Zip Code: 48073 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228720</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) 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: 32228721</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Janet Roberts 4701 Fulton Street NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of 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> 32228722 <b>Date of Disbursement:</b> 03 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Sadie Taylor 115 Kendal Drive</p> <p>City Oberlin State OH Zip Code 44074</p> <p>Purpose of 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> 32228723 <b>Date of Disbursement:</b> 03 / 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>C. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Renee Boving 41901 W. 8 Mile Road</p> <p>City Northville State MI Zip Code 48167</p> <p>Purpose of 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> 32228724 <b>Date of Disbursement:</b> 03 / 19 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228725 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Penelope Colman 138 Knickerbocker Road		Amount of Each Disbursement this Period 50.00
City Englewood State NJ Zip Code 07631	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228726 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address Polly Spaulding 92 Heath Lane		Amount of Each Disbursement this Period 250.00
City New London State NH Zip Code 03257	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228727 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Ruth Klouda 1210 52nd Street Drive		Amount of Each Disbursement this Period 25.00
City Moline State IL Zip Code 61265	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 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)

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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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Eleanora Dalton 3-3400 Kuhio Hwy Apt. A303</p> <p>City Lihue State HI Zip Code 96766</p> <p>Purpose of 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: 32228728</b> Date of Disbursement 03 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Emily Rankin 9 Schuyler Lane</p> <p>City Bloomfield State CT Zip Code 06002</p> <p>Purpose of 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: 32228729</b> Date of Disbursement 03 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Egon Neuberger 5 Somerset Court</p> <p>City East 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:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 32228730</b> Date of Disbursement 03 / 22 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228731 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Norman Fleishman 331 Blackheath Road		Amount of Each Disbursement this Period 50.00
City Lido Beach State NY Zip Code 11561	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228732 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Herman Payne 813 W Tropic Street		Amount of Each Disbursement this Period 50.00
City Advance State MO Zip Code 63730	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228733 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Bruce Hann 1241 Olive Street		Amount of Each Disbursement this Period 50.00
City Denver State CO Zip Code 80220	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nancy Moore 109 Briarwood Rd City Spartanburg State SC Zip Code 29301 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228734</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Effie Westervelt 26 Southridge East City Tiburon State CA Zip Code 94920 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32228735</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Calvin Stempel 14203 SW 66th Street City Miami State FL Zip Code 33183 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228736</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228737 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Lucille Cooper 5460 Paseo del Lago		Amount of Each Disbursement this Period 25.00
City Laguna Woods State CA Zip Code 92637	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228738 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Prudence Perry 370 E. Baldwin Lane		Amount of Each Disbursement this Period 25.00
City Shelton State WA Zip Code 98584	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228739 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Gloria Margulies 5502 Murietta Avenue		Amount of Each Disbursement this Period 50.00
City Sherman Oaks State CA Zip Code 91401	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address: Suanne Dullard PO Box 14 City: Bigfork State: MN Zip Code: 56628 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228740</b> Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address: Leal Abbott 359 Quail Drive City: Woodland State: CA Zip Code: 95695 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228741</b> Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address: Margaret Macdonald 354 Carolina Meadows City: Chapel Hill State: NC Zip Code: 27517 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228742</b> Date of Disbursement 03 / 30 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228743 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Jane Clewe 1032 Junipero Avenue		Amount of Each Disbursement this Period 20.00
City Long Beach State CA Zip Code 90804	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228744 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Alice Crozier 350 7th Street, #4D		Amount of Each Disbursement this Period 100.00
City Hoboken State NJ Zip Code 07030	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228745 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Susan Linde 3449 Keswick Road		Amount of Each Disbursement this Period 20.00
City Baltimore State MD Zip Code 21211	[MEMO ITEM] MEMO	
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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Theodor Schuchat 11015 S.E. Lake Road City Bellevue State WA Zip Code 98004 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32228746</b> Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Rhonda Wright 3363 Narrow Lane Road City Montgomery State AL Zip Code 36111 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: 32228747</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Roy Wolfram 3321 Hughes Blvd. City Toledo State OH Zip Code 43606 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: 32228748</b> Date of Disbursement 03 / 19 / 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) ..... ▶	0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address: Cyrus Banning P.O. Box 397</p> <p>City: Gambier State: OH Zip Code: 43022</p> <p>Purpose of 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> 32228749</p> <p>Date of Disbursement: 03 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address: Coleen Hanna P.O. Box 187</p> <p>City: Odenton State: MD Zip Code: 21113</p> <p>Purpose of 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> 32228750</p> <p>Date of Disbursement: 03 / 13 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address: Eleanor Katz 315 W 70th Street</p> <p>City: New York State: NY Zip Code: 10023</p> <p>Purpose of 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> 32228751</p> <p>Date of Disbursement: 03 / 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>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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Hilda Sokol 6 Storrs Road 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) ▼		<b>Transaction ID: 32228752</b> Date of Disbursement 03 / 26 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Carolyn Eckel P.O. Box 33707 City Portland State OR Zip Code 97292 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228753</b> Date of Disbursement 03 / 19 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Frances Pepper 233 Oliver Road City Cincinnati State OH Zip Code 45215 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32228754</b> Date of Disbursement 03 / 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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Carol Shea-Porter Contributions</b>		<b>Transaction ID:</b> 32228755 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Rhonda Hakundy-Jones 1724 Bennington Drive		Amount of Each Disbursement this Period 50.00
City Harrisburg State PA Zip Code 17112	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		<b>Transaction ID:</b> 32228756 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Susan Fischer 563 Orchid Lane		Amount of Each Disbursement this Period 25.00
City Del Mar State CA Zip Code 92014	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		<b>Transaction ID:</b> 32228757 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Anna May Timmons P.O. Box 428		Amount of Each Disbursement this Period 250.00
City Mackinac Island State MI Zip Code 49757	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228758 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Odessa Morris 237 16th Street SE		Amount of Each Disbursement this Period 25.00
City Washington	State DC	
Zip Code 20003		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228759 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Stanley Bier P.O. Box 192		Amount of Each Disbursement this Period 50.00
City Colonia	State NJ	
Zip Code 07067		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228760 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Miriam Greenblatt 2754 Roslyn Lane		Amount of Each Disbursement this Period 50.00
City Highland Park	State IL	
Zip Code 60035		[MEMO ITEM] MEMO
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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228761 Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address Barbara Moxon 31 Joseph Walker Drive		Amount of Each Disbursement this Period 100.00
City West Columbia	State SC	
Purpose of 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. Carol Shea-Porter Contributions</b>

Full Name (Last, First, Middle Initial) <b>B. Carol Shea-Porter Contributions</b>		Transaction ID: 32228762 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address Sylvia Wendell 24 Clifford Rd		Amount of Each Disbursement this Period 15.00
City Albany	State NY	
Purpose of 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. Carol Shea-Porter Contributions</b>

Full Name (Last, First, Middle Initial) <b>C. Carol Shea-Porter Contributions</b>		Transaction ID: 32228763 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address A. Shor 18 Pecan Court		Amount of Each Disbursement this Period 25.00
City Mount Laurel	State NJ	
Purpose of 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions 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: 32228764</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Edgar Smith P.O. Box 989 City Morro Bay State CA Zip Code 93443 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228765</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address William Halverstadt 6420 Old Settlers Road City Hamel State MN Zip Code 55340 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228766</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Corale Layne 7522 Bradshaw Road City Sacramento State CA Zip Code 95829 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: 32228767</b> Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Wanda VanGoor 3510 Husted Drive 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: 32228768</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Virginia Bishop 6514 Willow Hill Court City Centerville State OH Zip Code 45459 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: 32228769</b> Date of Disbursement 03 / 13 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228770 Date of Disbursement MM / DD / YYYY 03 / 13 / 2007
Mailing Address Barbara Slater 322 Jody Way Road		Amount of Each Disbursement this Period 25.00
City Lutherville	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	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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228771 Date of Disbursement MM / DD / YYYY 03 / 28 / 2007
Mailing Address Pam Phillips 132 Langdon Avenue		Amount of Each Disbursement this Period 100.00
City Watertown	State MA	
Zip Code 02472		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228772 Date of Disbursement MM / DD / YYYY 03 / 16 / 2007
Mailing Address Angela Elliston 656 Sunset Lane		Amount of Each Disbursement this Period 25.00
City East Lansing	State MI	
Zip Code 48823		[MEMO ITEM] MEMO
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Michael Tsuk 66 Iroquois Road 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: 32228773</b> Date of Disbursement 03 / 25 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Marjorie Vanek 10241 York Road City N. Royalton State OH Zip Code 44133 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32228774</b> Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Peter Mensch 267 West 11th Street City New York State NY Zip Code 10014 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32228775</b> Date of Disbursement 03 / 16 / 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)

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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.</b> Carol Shea-Porter Contributions</p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32228776</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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	0		2	0	0	7													
<p>Mailing Address Asherah Cinnamon 25 Ledge 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 South Portland State ME Zip Code 04106</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> Carol Shea-Porter Contributions</p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32228777</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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	0	7													
<p>Mailing Address Edward Newcombe 25 Old Meetinghouse Rd</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 Auburn State MA Zip Code 01501</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> Carol Shea-Porter Contributions</p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32228778</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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	3		2	0	0	7													
<p>Mailing Address Barbara Bryan 179 Stanton Street</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 New York State NY Zip Code 10002</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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Betty Kerley 1603 Greenbriar Court City: Reston State: VA Zip Code: 20190 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228779</b> Date of Disbursement 03 / 30 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Danielle Feinberg 479 60th Street City: Oakland State: CA Zip Code: 94609 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228780</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Frederick Davis 1521 Golf View Road Unit B 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32228781</b> Date of Disbursement 03 / 14 / 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

Full Name (Last, First, Middle Initial) <b>A. Carol Shea-Porter Contributions</b>		Transaction ID: 32228782 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Sally Ehlers 720 Bachelor Avenue		Amount of Each Disbursement this Period 250.00
City Mendota Hts. State MN Zip Code 55118	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228783 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Alan Solinger 6895 Elverton Drive		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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228784 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address Kenneth Jaffee 2596 Village Drive		Amount of Each Disbursement this Period 100.00
City Union City State CA Zip Code 94587	[MEMO ITEM] MEMO	
Purpose of 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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address J Sheppard Poor 7 Azalea Lane City Rumson State NJ Zip Code 07760 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: 32228785</b> Date of Disbursement 03 / 20 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Alma Raab 70 Maine Avenue # 7 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32228786</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Jacqueline Goldberg 718 Ridge Avenue 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: 32228787</b> Date of Disbursement 03 / 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) ..... ▶	[ ]

# 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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Melinda Hardin 7 Wharf Street City Alexandria State VA Zip Code 22314 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: 32228788</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Nora Lee Fryxell 7010 45th Street Court NW City Gig Harbor State WA Zip Code 98335 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32228789</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Barbara Herzberg 713 N. Palm 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: 32228790</b> Date of Disbursement 03 / 16 / 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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Robert Leonard 2608 Cascade Dr City Austin State TX Zip Code 78757 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: 32228791</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Myra Saxon 4 Village Rd City Milford State CT Zip Code 06460 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: 32228792</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Sarah Allard 401 6th Avenue SW City Warroad State MN Zip Code 56763 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: 32228793</b> Date of Disbursement 03 / 16 / 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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Ellen Dubois 12322 Idaho Avenue City Los Angeles State CA Zip Code 90025 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: 32228794</b> Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Abby Stitt 9229 Village Glen Drive City San Diego State CA Zip Code 92123 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: 32228795</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Christine Henry 729 Mill St. City Moorestown State NJ Zip Code 08057 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: 32228796</b> Date of Disbursement 03 / 22 / 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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Tamara Harris 10175 Sunstar Road City Monterey State CA Zip Code 93940 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32228797</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Martha Phillips 829 NE 103rd Street City Seattle State WA Zip Code 98125 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: 32228798</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Lynda Brender 4121 Hampshire Blvd. City Fort Worth State TX Zip Code 76103 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: 32228799</b> Date of Disbursement 03 / 20 / 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) ..... ▶	[ ]

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address: Barbara Booth 415 Magowan Avenue City: Iowa City State: IA Zip Code: 52246 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32228800 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address: Pat Deutch 51 Clifton Street City: Belmont State: MA Zip Code: 02478 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32228801 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address: Ann Karpick 42 Soley 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:</b> 32228802 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 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

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228803 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Marie Rothman 175 West 13th Street, # 9B		Amount of Each Disbursement this Period 50.00
City New York State NY Zip Code 10011	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228804 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address Bradley Grainger 421 Highland Road		Amount of Each Disbursement this Period 50.00
City Ithaca State NY Zip Code 14850	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228805 Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address Cele Keeper 2929 Buffalo Speedway		Amount of Each Disbursement this Period 100.00
City Houston State TX Zip Code 77098	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228806 Date of Disbursement MM / DD / YYYY 03 / 19 / 2007
Mailing Address J. Sisson 123 Brankenridge Ave		Amount of Each Disbursement this Period 100.00
City San Antonio State TX Zip Code 78209	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228807 Date of Disbursement MM / DD / YYYY 03 / 14 / 2007
Mailing Address Ara Tyler 91 Mary Catherine Drive		Amount of Each Disbursement this Period 100.00
City Lancaster State MA Zip Code 01523	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228808 Date of Disbursement MM / DD / YYYY 03 / 28 / 2007
Mailing Address Mary Landis 508 W. Locust Street		Amount of Each Disbursement this Period 100.00
City Polo State IL Zip Code 61064	[MEMO ITEM] MEMO	
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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228809 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address G Truxton Ringe 2020 Cardinal Lane SE		Amount of Each Disbursement this Period 100.00
City Olympia State WA Zip Code 98503	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228810 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Esther Sinclair 43 Tamalpais Ave		Amount of Each Disbursement this Period 100.00
City San Anselmo State CA Zip Code 94960	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Carol Shea-Porter Contributions</b>		Transaction ID: 32228811 Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address Katherine Akers 5026 West Lake Road		Amount of Each Disbursement this Period 100.00
City Mayville State NY Zip Code 14757	[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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Janice Goldblum 10501 Wilshire Blvd. Unit 701 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: 32228812</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 75.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nancy Price 433 Madison City San Antonio State TX Zip Code 78204 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: 32228813</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Anita Strauss 7887 Revelle Drive City La Jolla State CA Zip Code 92037 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228814</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Karin Greenfield-Sanders Mailing Address: 44 Cayuga RoadLake Oscawana City: Putnam Valley State: NY Zip Code: 10579 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228815</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Sally Watts Mailing Address: 10508 Stable Lane City: Potomac State: MD Zip Code: 20854 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228816</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Arthur Canfield Mailing Address: 42-129 Old Kalanianale Road City: Kailua State: HI Zip Code: 96734 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228817</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 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

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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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address: Joyce Mithcell Price 29 Placitas Trails Road</p> <p>City: Placitas State: NM Zip Code: 87043</p> <p>Purpose of 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> 32228818</p> <p><b>Date of Disbursement:</b> 03 / 30 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address: Luana Miller 142 Maywood Way</p> <p>City: San Rafael State: CA Zip Code: 94901</p> <p>Purpose of 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> 32228819</p> <p><b>Date of Disbursement:</b> 03 / 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>C. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address: Sherry Nehmer 205 West End Avenue</p> <p>City: New York State: NY Zip Code: 10023</p> <p>Purpose of 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> 32228820</p> <p><b>Date of Disbursement:</b> 03 / 14 / 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

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228821 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Jane Stephenson 2030 Chester Blvd. # 60		Amount of Each Disbursement this Period 25.00
City Richmond State IN Zip Code 47374	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228822 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address David Gay 900 Sierra PI SE		Amount of Each Disbursement this Period 100.00
City Albuquerque State NM Zip Code 87108	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228823 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Ellen Yurek 2041 Yellowthroat Place		Amount of Each Disbursement this Period 100.00
City Thousand Oaks State CA Zip Code 91320	[MEMO ITEM] MEMO	
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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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: 32228824 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Ellen Singer 1 Charles St.		Amount of Each Disbursement this Period 50.00
City Boston State MA Zip Code 02116	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228825 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Nancy Peterson 839 Washington Avenue		Amount of Each Disbursement this Period 100.00
City Albany State CA Zip Code 94706	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228826 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address Elaine Bayus 117 Requa Road		Amount of Each Disbursement this Period 100.00
City Piedmont State CA Zip Code 94611	[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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228827 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Jeanette Finkbiner Leeds 450 Elm Avenue		Amount of Each Disbursement this Period 20.00
City Haddonfield State NJ Zip Code 08033	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228828 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Jessica Stickney 1400 Poly Drive, Apt. 8BC		Amount of Each Disbursement this Period 50.00
City Billings State MT Zip Code 59102	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228829 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Elaine Amromin 2065 Liliano Drive		Amount of Each Disbursement this Period 20.00
City Sierra Madre State CA Zip Code 91024	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228830 Date of Disbursement MM / DD / YYYY 03 / 15 / 2007
Mailing Address Mary Carter 109 Smithfield Drive		Amount of Each Disbursement this Period 20.00
City Endicott	State NY	
Zip Code 13760		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228831 Date of Disbursement MM / DD / YYYY 03 / 22 / 2007
Mailing Address Mark Wyn 3317 indiana aveune		Amount of Each Disbursement this Period 25.01
City St. Louis	State MO	
Zip Code 63118		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228832 Date of Disbursement MM / DD / YYYY 03 / 13 / 2007
Mailing Address Estelle Jones 3 Stanwich Lane		Amount of Each Disbursement this Period 50.00
City Greenwich	State CT	
Zip Code 06830		[MEMO ITEM] MEMO
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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Velaine Carnall 5333 7th Avenue City La Grange State IL Zip Code 60525 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: 32228833</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Ann Wansley 51 Chula Lane City San Francisco State CA Zip Code 94114 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: 32228834</b> Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Willard Elsbree 209 Grosvenor Street 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: 32228835</b> Date of Disbursement 03 / 20 / 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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A. Carol Shea-Porter Contributions**

Full Name (Last, First, Middle Initial)  
Carol Shea-Porter Contributions

Mailing Address: Laurel Furumoto  
101 Indian Cove Rd

City: Marion State: MA Zip Code: 02738

Purpose of Disbursement: Candidate Contrib Earmarked

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Transaction ID: 32228836  
Date of Disbursement: 03 / 28 / 2007

Amount of Each Disbursement this Period: 250.00

[MEMO ITEM]  
MEMO

**B. Carol Shea-Porter Contributions**

Full Name (Last, First, Middle Initial)  
Carol Shea-Porter Contributions

Mailing Address: Gwen Gillis  
4722 Amberwood Ct.

City: Carlsbad State: CA Zip Code: 92008

Purpose of Disbursement: Candidate Contrib Earmarked

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Transaction ID: 32228837  
Date of Disbursement: 03 / 22 / 2007

Amount of Each Disbursement this Period: 50.00

[MEMO ITEM]  
MEMO

**C. Carol Shea-Porter Contributions**

Full Name (Last, First, Middle Initial)  
Carol Shea-Porter Contributions

Mailing Address: Roberta Potsic  
1057 Beaumont Road

City: Berwyn State: PA Zip Code: 19312

Purpose of Disbursement: Candidate Contrib Earmarked

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Transaction ID: 32228838  
Date of Disbursement: 03 / 25 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Elizabeth Mullady 3300 Juniper Way 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32228839</b> Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Joy Warren 109 N. Post Oak Lane City Houston State TX Zip Code 77024 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: 32228840</b> Date of Disbursement 03 / 29 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Vera Williams 88 Jane Street City New York State NY Zip Code 10014 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32228841</b> Date of Disbursement 03 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228842 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Nancy Root 4840 Thunderbird Dr.		Amount of Each Disbursement this Period 25.00
City Boulder State CO Zip Code 80303	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228843 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Barbara Lyons 88 Central Park West		Amount of Each Disbursement this Period 25.00
City New York State NY Zip Code 10023	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228844 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 7
Mailing Address Gary Bloom 4120 Geraldine Avenue # 7		Amount of Each Disbursement this Period 10.00
City St Ann State MO Zip Code 63074	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228845 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Patricia Eames 3300 Darby Rd Apt 5313		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 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228846 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Flora Harper 4903 Potomac Avenue NW		Amount of Each Disbursement this Period 250.00
City Washington State DC Zip Code 20007	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228847 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address Ruth Neff 1045 4th Street		Amount of Each Disbursement this Period 100.00
City Whitefish State MT Zip Code 59937	[MEMO ITEM] MEMO	
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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228848 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Genevieve Clarke 301 Fairway Village		Amount of Each Disbursement this Period 100.00
City Leeds	State MA	
Zip Code 01053		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228849 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Lawrence Crooks 5439 Sacramento Avenue		Amount of Each Disbursement this Period 75.00
City Richmond	State CA	
Zip Code 94804		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228850 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Paulette Ziobron 12401 Mount Pleasant Drive		Amount of Each Disbursement this Period 50.00
City Laurel	State MD	
Zip Code 20708		[MEMO ITEM] MEMO
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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Ilene Sittler 930 Trosper Road SW Spc 134 City Turnwater State WA Zip Code 98512 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: 32228851</b> Date of Disbursement 03 / 28 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Richard Quandt 162 Springdale Road City Princeton State NJ Zip Code 08540 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32228852</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Nancy Hursh Bagley 1235 8th Avenue West City Seattle State WA Zip Code 98119 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: 32228853</b> Date of Disbursement 03 / 20 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228854 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Gail Drobyk 4 Island Ave Apt 6		Amount of Each Disbursement this Period 100.00
City Kittery State ME Zip Code 03904	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228855 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address Carol Starmack 71 Leonard Street # 5N		Amount of Each Disbursement this Period 50.00
City New York State NY Zip Code 10013	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228856 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Jane Bailey Burts 2143 Sherwood Avenue		Amount of Each Disbursement this Period 100.00
City Charlotte State NC Zip Code 28207	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228857 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Joan Weeks 9420 Old Bonhomme Road		Amount of Each Disbursement this Period 20.00
City Saint Louis	State MO	
Purpose of Disbursement Candidate Contrib Earmarked		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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228858 Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2007
Mailing Address David Pasta 2970 South Court		Amount of Each Disbursement this Period 100.00
City Palo Alto	State CA	
Purpose of Disbursement Candidate Contrib Earmarked		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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228859 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address Emma Rosow 122 Green Way		Amount of Each Disbursement this Period 50.00
City Wayland	State MA	
Purpose of Disbursement Candidate Contrib Earmarked		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**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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: 32228860 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Cory Streisinger 3279 NE Alameda		Amount of Each Disbursement this Period 100.00
City Portland State OR Zip Code 97212	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228861 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Bernice Elkin 3737 Atlantic Avenue Apt 1101		Amount of Each Disbursement this Period 100.00
City Long Beach State CA Zip Code 90807	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228862 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Douglas Danforth 7 Riverwoods Drive # C209		Amount of Each Disbursement this Period 10.00
City Exeter State NH Zip Code 03833	[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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228863 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address Janet Eaton 1235 Marriottsville Road		Amount of Each Disbursement this Period 100.00
City Marriottsville State MD Zip Code 21104	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228864 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Cora Biernat 3839 Hart Blvd. Apt. 313		Amount of Each Disbursement this Period 100.00
City Minneapolis State MN Zip Code 55421	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228865 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Kathy Jarrett 5511 Golden Gate Avenue		Amount of Each Disbursement this Period 10.00
City Oakland State CA Zip Code 94618	[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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Ann Owchar 3726 SW Webster Street 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: 32228866</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 15.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Elaine Magilner 1251 Fairacres Road City Jenkintown State PA Zip Code 19046 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32228867</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Janet McDaniel 951 Spencer 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32228868</b> Date of Disbursement 03 / 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**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Carol Shea-Porter Contributions</b>		Transaction ID: 32228869 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Linda Zenick 5500 Friendship Blvd.		Amount of Each Disbursement this Period 50.00
City Chevy Chase State MD Zip Code 20815	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228870 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address Sally Sedelow PO Box 1200		Amount of Each Disbursement this Period 50.00
City Heber Springs State AR Zip Code 72543	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228871 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Mary Elizabeth Ford 1890 East 107th Street #302		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		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228872 Date of Disbursement MM / DD / YYYY 03 / 16 / 2007
Mailing Address Margaret George 133 Progress Drive		Amount of Each Disbursement this Period 100.00
City Doylestown State PA Zip Code 18901	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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228873 Date of Disbursement MM / DD / YYYY 03 / 16 / 2007
Mailing Address Dorothy Lewis 2427 W. Nellie Sisson Road		Amount of Each Disbursement this Period 50.00
City Morgantown State IN Zip Code 46160	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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228874 Date of Disbursement MM / DD / YYYY 03 / 30 / 2007
Mailing Address Elizabeth Serlemitos 111 Market Place, Ste. 310		Amount of Each Disbursement this Period 25.00
City Baltimore State MD Zip Code 21202	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

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228875 Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address Mary Holt 18616 N. 99th Avenue # 2027		Amount of Each Disbursement this Period 50.00
City Sun City State AZ Zip Code 85373	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32228876 Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2007
Mailing Address Bonnie Clendenning 23 Blake Street		Amount of Each Disbursement this Period 250.00
City Newton State MA Zip Code 02460	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228877 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Marjorie Bender 10375 Wilshire Blvd Apt. 6D		Amount of Each Disbursement this Period 50.00
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

<b>SUBTOTAL</b> of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228878 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Francis Doran 3517 Hillcrest Drive		Amount of Each Disbursement this Period 50.00
City Belmont State CA Zip Code 94002	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228879 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 7
Mailing Address Diane Dalsimer 111 Lakeside Circle		Amount of Each Disbursement this Period 50.00
City Pompano Beach State FL Zip Code 33060	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228880 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Karen Kahler 3500 E. Lincoln Drive		Amount of Each Disbursement this Period 50.00
City Phoenix State AZ Zip Code 85018	[MEMO ITEM] MEMO	
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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228881 Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address Katherine Paterson 32 W. Cobble Hill Road		Amount of Each Disbursement this Period 50.00
City Barre State VT Zip Code 05641	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228882 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address William Ivan Shorter 1311 Lakeside Avenue		Amount of Each Disbursement this Period 75.00
City Baltimore State MD Zip Code 21218	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228883 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Shirley Vitale 1800 S Ocean Drive # 401		Amount of Each Disbursement this Period 50.00
City Fort Lauderdale State FL Zip Code 33316	[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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228884 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address Rose Murphy 3420 78th St Apt 6J		Amount of Each Disbursement this Period 35.00
City Jackson Hts	State NY	
Zip Code 11372		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228885 Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2007
Mailing Address Peggy Jones 341 Brockway Pl		Amount of Each Disbursement this Period 50.00
City Saginaw	State MI	
Zip Code 48602		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228886 Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address Marian Edelstein 180 E. Pearson Street		Amount of Each Disbursement this Period 100.00
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Maria Meuse 3358 Woodburn Road#33 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: 32228887</b> Date of Disbursement 03 / 28 / 2007 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Karla Bassler 18 Old Farm Lane 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32228888</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Nancy Chafin 5773 N Commercial Ave City Portland State OR Zip Code 97217 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: 32228889</b> Date of Disbursement 03 / 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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Carol Shea-Porter Contributions</b>		Transaction ID: 32228890 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Margaret Barrett 58 Upper Lake Shore Drive		Amount of Each Disbursement this Period 150.00
City Katonah State NY Zip Code 10536	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228891 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Barbara Fitzpatrick 7901 Seminole Blvd.		Amount of Each Disbursement this Period 100.00
City Seminole State FL Zip Code 33772	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228892 Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address Hannah Banks 790 Boylston Street		Amount of Each Disbursement this Period 20.00
City Boston State MA Zip Code 02199	[MEMO ITEM] MEMO	
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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address William Doyle 6 Tyler Road 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: 32228896</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Marilyn Hollinshead P.O. Box 3000-3122 City WestTisbury State MA Zip Code 02575 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: 32228897</b> Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Anita Siegenthaler P.O. Box 336 City Pt. Clyde State ME Zip Code 04855 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: 32228898</b> Date of Disbursement 03 / 15 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228899 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Jeanne Legge 150 Sunken Forest Drive		Amount of Each Disbursement this Period 50.00
City Forsyth	State MO	
Zip Code 65653		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228900 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Mary Anne Hunter 604 Washington Square S		Amount of Each Disbursement this Period 100.00
City Philadelphia	State PA	
Zip Code 19106		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228901 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address David Robinson 149 Halligan Ave		Amount of Each Disbursement this Period 50.00
City Worthington	State OH	
Zip Code 43085		[MEMO ITEM] MEMO
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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228902 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address Priscilla Maynard 600 Manatee Avenue, Apt. 107		Amount of Each Disbursement this Period 100.00
City Holmes Beach State FL Zip Code 34217	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228903 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address John Morrill 316 S. Irving Street		Amount of Each Disbursement this Period 50.00
City Arlington State VA Zip Code 22204	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228904 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Olga Dworkin 31401 Stonewood Court West		Amount of Each Disbursement this Period 25.00
City Farmington Hills State MI Zip Code 48334	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Shirley Lubin 7820 Allengrove Street City Downey State CA Zip Code 90240 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228905</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Terry Maul 6155 Bluffwood Drive City Riverside State CA Zip Code 92506 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228906</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Andrew Brainerd 612 Deming Place 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) ▼		<b>Transaction ID: 32228907</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32228908</b> Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Carol Durham 5719 Bell Tower Lane City: Fort Wayne State: IN Zip Code: 46815 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228909</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Nancy Kuemmerle P.O. Box 449 City: Grantham 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: 32228910</b> Date of Disbursement 03 / 30 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228911 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Patricia Shanks 783 Contra Costa Avenue		Amount of Each Disbursement this Period 100.00
City Berkeley State CA Zip Code 94707	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Carol Shea-Porter Contributions</b>		Transaction ID: 32228912 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Afton Crooks 6232 Manoa Street		Amount of Each Disbursement this Period 100.00
City Oakland State CA Zip Code 94618	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228913 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Wanee Butler 795 Newland Court		Amount of Each Disbursement this Period 200.00
City Boulder State CO Zip Code 80303	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Daphne Wall P.O. Box 1116</p> <p>City North Conway State NH Zip Code 03860</p> <p>Purpose of 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: 32228914 Date of Disbursement 03 / 28 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Lucille Behrens 63 South Lilburn Drive</p> <p>City Garnerville State NY Zip Code 10923</p> <p>Purpose of 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: 32228915 Date of Disbursement 03 / 23 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Joan Boegel 772 Oak Oval</p> <p>City Mechanicsburg State PA Zip Code 17007</p> <p>Purpose of 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: 32228916 Date of Disbursement 03 / 14 / 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)

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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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Dana Thompson 23060 Evergreen Lane</p> <p>City Los Gatos State CA Zip Code 95033</p> <p>Purpose of 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: 32228917</p> <p>Date of Disbursement 03 / 13 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address C. Joyce France 1101 Spruce Avenue</p> <p>City Alamogordo State NM Zip Code 88310</p> <p>Purpose of 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: 32228918</p> <p>Date of Disbursement 03 / 20 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Debbie Benner 2400 Hillside Road</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: 32228919</p> <p>Date of Disbursement 03 / 18 / 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>	<p></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Judith Parks 32 River Road City Rollinsford State NH Zip Code 03869 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32228920</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Joanne Hayne 24023 7th Place W. City Bothell State WA Zip Code 98021 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: 32228921</b> Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Elizabeth Pennink 635 Medford Leas City Medford State NJ Zip Code 08055 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: 32228922</b> Date of Disbursement 03 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Lynette Reilly 12516 Davan Drive City: Silver Spring State: MD Zip Code: 20904 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228923</b> Date of Disbursement 03 / 20 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jane Wurz P.O. Box 71 City: Port Salerno State: FL Zip Code: 34992 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228924</b> Date of Disbursement 03 / 19 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Bundy 170 E 79th Street City: New York State: NY Zip Code: 10021 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32228925</b> Date of Disbursement 03 / 16 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Betty Prashker 241 Central Park West 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: 32228926</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32228927</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Nancy Vandyke 65 Main Avenue City: Sea Cliff State: NY Zip Code: 11579 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228928</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Anna Narbutovskih 14288 Woodland Drive City Guerneville State CA Zip Code 95446 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: 32228929</b> Date of Disbursement 03 / 20 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Alice Trexler 48 Spy Pond Lane City Arlington State MA Zip Code 02474 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32228930</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Elaine Barrett 96 North Road City Hancock State NH Zip Code 03449 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: 32228931</b> Date of Disbursement 03 / 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**

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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Carol Shea-Porter Contributions</b>		Transaction ID: 32228932 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address Karen Griffin 652 Quarry Lane		Amount of Each Disbursement this Period 25.00
City Richmond Heights State OH Zip Code 44143	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228933 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Beth Ogilvie 2234 Kipling St		Amount of Each Disbursement this Period 50.00
City Castro Valley State CA Zip Code 94546	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228934 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address Bonnie Brownell 2692 E. Highland Avenue # 42		Amount of Each Disbursement this Period 100.00
City Highland State CA Zip Code 92346	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228935 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Mary Jane Pellarin-Palmer 1440 Briarcreek Drive		Amount of Each Disbursement this Period 30.00
City Kirkwood State MO Zip Code 63122	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228936 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address WKirk Avery PO Box 411 (Mail)		Amount of Each Disbursement this Period 25.00
City Bridgewater State MA Zip Code 02324	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228937 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Barbara Lenoble 655C Ardmore Road		Amount of Each Disbursement this Period 50.00
City Monroe Township State NJ Zip Code 08831	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Sonia Ragir 188 Abbey Road City: Mt Tremper State: NY Zip Code: 12457 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228938</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Susan Addelston 66 Merion Lane City: Jackson State: NJ Zip Code: 08527 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228939</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Virginia Bertness 10725 Midsummer Drive City: Reston State: VA Zip Code: 20191 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228940</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sally Mock 1433 Glenbrook Drive City Oklahoma City State OK Zip Code 73118 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32228941</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Susan Press 3604 Shepherd Street 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: 32228942</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jean Rogers 3608 Bechler Lane City Winston-Salem State NC Zip Code 27106 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: 32228943</b> Date of Disbursement 03 / 14 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Edward Pillar 668 Rochdale Circle City Lombard State IL Zip Code 60148 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228944</b> Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 30.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions 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: 32228945</b> Date of Disbursement 03 / 20 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address David Daniel 16120 Rancho Del Lago City moreno valley State CA Zip Code 92551 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228946</b> Date of Disbursement 03 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Joyce Classen PO Box 9089 City: Winter Haven State: FL Zip Code: 33883 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228947</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Nancy Sippel 1515 Brooklyn Avenue City: Ann Arbor State: MI Zip Code: 48104 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228948</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Janice Shapiro 220 Parkwood Avenue City: Rochester State: NY Zip Code: 14620 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228949</b> Date of Disbursement 03 / 28 / 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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Kathleen Visovatti Mailing Address 731 Watersedge Dr City Ann Arbor State MI Zip Code 48105 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: 32228950</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Masao Yafuso Mailing Address 25312 Cheyenne 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32228951</b> Date of Disbursement 03 / 07 / 2007 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Jill Austin Mailing Address 1516 Veranda Cir City Murfreesboro State TN Zip Code 37130 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: 32228952</b> Date of Disbursement 03 / 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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Carol Shea-Porter Contributions</b>		Transaction ID: 32228953 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address Donna Brodd 2508 Melaway Drive		Amount of Each Disbursement this Period 250.00
City Richmond State VA Zip Code 23228	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228954 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Matthew Stowell 7268 Hopewell Ct.		Amount of Each Disbursement this Period 10.00
City Dublin State OH Zip Code 43017	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228955 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address Paul Aldrich 38 Cloud Leaf Place		Amount of Each Disbursement this Period 20.00
City The Woodlands State TX Zip Code 77381	[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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Charles Christensen 69 High Road</p> <p>City Newbury State MA Zip Code 01951</p> <p>Purpose of 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: 32228956</p> <p>Date of Disbursement 03 / 16 / 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>B. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address John Schowalter 256 Ives Street</p> <p>City Hamden State CT Zip Code 06518</p> <p>Purpose of 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: 32228957</p> <p>Date of Disbursement 03 / 22 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Patricia Shanley 123 Cromwell Hill Road</p> <p>City Monroe State NY Zip Code 10950</p> <p>Purpose of 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: 32228958</p> <p>Date of Disbursement 03 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 15.00</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>	<p></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Susan Yamada 6915 Blaisdell Road 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: 32228959</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Eleanor Eisenberg 6961 184th Street City Flushing State NY Zip Code 11365 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: 32228960</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Barbara Starr 48 Wardell Road City Livingston State NJ Zip Code 07039 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: 32228961</b> Date of Disbursement 03 / 16 / 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

Full Name (Last, First, Middle Initial) <b>A. Carol Shea-Porter Contributions</b>		Transaction ID: 32228962 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Barbara Enagonio 15311 Pine Orchard Dr Apt 1E		Amount of Each Disbursement this Period 50.00
City Silver Spring	State MD	
Zip Code 20906		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228963 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Raymond Fields 6944 Viale Elizabeth		Amount of Each Disbursement this Period 50.00
City Delray Beach	State FL	
Zip Code 33446		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228964 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Frances Ackerly 26 Parker 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		
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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228965 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address Candace Petersen 716 S Riverside Dr		Amount of Each Disbursement this Period 50.00
City Neptune	State NJ	
Zip Code 07753		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228966 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Joyce Friedman 221 Mt Auburn St		Amount of Each Disbursement this Period 250.00
City Cambridge	State MA	
Zip Code 02138		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228967 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Cynthia Killoran 700 W. Fabyan Pkwy		Amount of Each Disbursement this Period 50.00
City Batavia	State IL	
Zip Code 60510		[MEMO ITEM] MEMO
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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32228968</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Virginia Gwynn 3 Arrowhead Lane City Cos Cob State CT Zip Code 06807 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: 32228969</b> Date of Disbursement 03 / 20 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address David Stahl 100 Magnolia Road City Manchester State NH Zip Code 03104 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: 32228970</b> Date of Disbursement 03 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Steve Walton 195 Spuraway Dr City San Mateo State CA Zip Code 94403 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228971</b> Date of Disbursement 03 / 29 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Rudolph Hurwich 2608 Ninth Street City Berkeley State CA Zip Code 94710 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228972</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Carol Hillman 299 Belknap Road City Framingham State MA Zip Code 01701 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32228973</b> Date of Disbursement 03 / 14 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228974 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Carolyn Greaves 7 Tidewater Cove		Amount of Each Disbursement this Period 50.00
City Falmouth State ME Zip Code 04105	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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: 32228975 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Sarah Glickenhau 100 Dorchester Road		Amount of Each Disbursement this Period 250.00
City Scarsdale State NY Zip Code 10583	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228976 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Peter Meyer 3205 Huntersridge Lane		Amount of Each Disbursement this Period 50.00
City Taylor Mill State KY Zip Code 41015	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Sue Riseling 2974 Roidt Road City Stoughton State WI Zip Code 53589 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: 32228977</b> Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Bruce Hellmer 4000 Pleasant Valley City Brighton State MI Zip Code 48114 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: 32228978</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 30.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Morton Yuter 5 Dover Avenue City Garden City State NY Zip Code 11530 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: 32228979</b> Date of Disbursement 03 / 13 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Patricia Swedlow 1353 Shady Avenue 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32228980</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Joseph Williams 401 N. Du Quion Street # 4 City: Benton State: IL Zip Code: 62812 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228981</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Marianne Schmidt 7256 Yuma Ct N City: Maple Grove State: MN Zip Code: 55311 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32228982</b> Date of Disbursement 03 / 22 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228983 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Joseph Najpaver 154 Lombard, # 46		Amount of Each Disbursement this Period 100.00
City San Francisco State CA Zip Code 94111	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Carol Shea-Porter Contributions</b>		Transaction ID: 32228984 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Allan Abramson 405 Underhill Place		Amount of Each Disbursement this Period 20.00
City Alexandria State VA Zip Code 22305	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228985 Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address Lois Alexanian 4082 Breakwood Drive		Amount of Each Disbursement this Period 100.00
City Houston State TX Zip Code 77025	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228986 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Venetia Holland 526 Alleghey Avenue		Amount of Each Disbursement this Period 25.00
City Baltimore State MD Zip Code 21204	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228987 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address Caroline DeOlden 16825 SW Chinook Drive		Amount of Each Disbursement this Period 25.00
City Crooked River Ranc State OR Zip Code 97760	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228988 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 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	[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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Judith Townsend 20 Clairborne Ct City Bluffton State SC Zip Code 29909 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: 32228989</b> Date of Disbursement 03 / 19 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Elizabeth Sherman 245 E. 93rd Street, Apt. 18B City New York State NY Zip Code 10128 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: 32228990</b> Date of Disbursement 03 / 30 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Anne Alexander 2105 Schulle 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32228991</b> Date of Disbursement 03 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Sirkka Holm PO Box 249 City Francestown State NH Zip Code 03043 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228992</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Richard Walton 89 Glenwood Road City Clinton State CT Zip Code 06413 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228993</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address William Gamson 5 Boston Hill Road City Chilmark State MA Zip Code 02535 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32228994</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228995 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Dorothy Baker 4196 Diamond Drive		Amount of Each Disbursement this Period 100.00
City Eagan State MN Zip Code 55122	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228996 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Clyde Shorey 3033 West Lane Keys NW		Amount of Each Disbursement this Period 250.00
City Washington State DC Zip Code 20007	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228997 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address Sonia Lee Bunyan 4706 Olivia Avenue		Amount of Each Disbursement this Period 50.00
City Royal Oak State MI Zip Code 48073	[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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228998 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address Melissa Epple 20 Village Lane		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	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. Carol Shea-Porter Contributions</b>		Transaction ID: 32228999 Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address Lucinda Dudley 10 Bray Wood Road		Amount of Each Disbursement this Period 100.00
City Williamsburg	State VA	
Zip Code 23185		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229000 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Iris Gruwell 290 Stoneykirk Dr		Amount of Each Disbursement this Period 25.00
City Bella Vista	State AR	
Zip Code 72715		[MEMO ITEM] MEMO
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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address K Ann Stebbins 208 College View Drive City Richmond State KY Zip Code 40475 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: 32229001</b> Date of Disbursement 03 / 20 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Gloria Pond 463 Good Hill Road City Woodbury State CT Zip Code 06798 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: 32229002</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Joanne Bernstein 47 Montell Street 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229003</b> Date of Disbursement 03 / 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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Lawrence Adrian 907 Boston Road 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: 32229004</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7 Amount of Each Disbursement this Period 150.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Nancy Greenwood 486 N State St City: Concord State: NH Zip Code: 03301 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229005</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Elizabeth Blair 211 Durazno Way City: Portola Valley State: CA Zip Code: 94028 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229006</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Doris Stillman 125 56th Avenue, S. Apt. 33 City St. Petersburg State FL Zip Code 33705 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: 32229007</b> Date of Disbursement 03 / 28 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Deborah Jones-Steele 1128 Beacon St City Brookline State MA Zip Code 02446 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: 32229008</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Christine Sellge 30 Copper Beech Road City Greenwich State CT Zip Code 06830 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229009</b> Date of Disbursement 03 / 16 / 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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address: Barbara Wolff-Reichert 45 Penhurst Park City: Buffalo State: NY Zip Code: 14222 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229010 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 03 / 19 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address: Norma Liner 10953 Cherry Ridge 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32229011 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 03 / 15 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address: Rima Apple 2013 Madison Street 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) ▼		<b>Transaction ID:</b> 32229012 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 03 / 14 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Marsha Barton 1653 Park Ave. City Sycamore State IL Zip Code 60178 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: 32229013</b> Date of Disbursement 03 / 27 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Abraham Spector 89 Hemlock Drive City Farmingdale State NY Zip Code 11735 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: 32229014</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 12.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Dorothy Weinstein 2818 N 46 Avenue 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229015</b> Date of Disbursement 03 / 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address: Jean Grissim 78-7030 Alii Drive Apt. 301</p> <p>City: Kailua Kona State: HI Zip Code: 96740</p> <p>Purpose of 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> 32229016</p> <p><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>0</td><td>3</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> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>25.00</td> </tr> </table> </p> <p><b>[MEMO ITEM]</b> MEMO</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	9	/	2	0	0	7	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	1	9	/	2	0	0	7														
25.00																							

<p><b>B. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address: Jacques Rondeau 2055 Park Road NW</p> <p>City: Washington State: DC Zip Code: 20010</p> <p>Purpose of 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> 32229017</p> <p><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>0</td><td>3</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> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>100.00</td> </tr> </table> </p> <p><b>[MEMO ITEM]</b> MEMO</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	5	/	2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	1	5	/	2	0	0	7														
100.00																							

<p><b>C. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address: Atherlie Gidding 900 Hollinshead Spring Road</p> <p>City: Skillman State: NJ Zip Code: 08558</p> <p>Purpose of 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> 32229018</p> <p><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>0</td><td>3</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> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>100.00</td> </tr> </table> </p> <p><b>[MEMO ITEM]</b> MEMO</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	9	/	2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	2	9	/	2	0	0	7														
100.00																							

<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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Pauline Levin 9 Haven Court, Apt. 1 City Nyack State NY Zip Code 10960 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> 32229019 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 03 / 14 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Hope Cobb 142 Mercer Street City Princeton State NJ Zip Code 08540 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> 32229020 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 03 / 30 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Kathryn Fishman 2316 Clover Lane City Northfield State IL Zip Code 60093 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> 32229021 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 03 / 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) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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: 32229022 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Eileen Hamper 1300 Burrows Rd		Amount of Each Disbursement this Period 25.00
City Campbell State CA Zip Code 95008	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229023 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Christa Burgoyne 2828 Forest Avenue		Amount of Each Disbursement this Period 400.00
City Berkeley State CA Zip Code 94705	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229024 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Carol Shea-Porter Contributions</b>		Transaction ID: 32229025 Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229026 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address Leila Tolleson 11613 SE 7th Street, Apt. 236		Amount of Each Disbursement this Period 5.00
City Vancouver	State WA	
Zip Code 98683		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229027 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Karla Brooks Baehr 9 Stephen Place		Amount of Each Disbursement this Period 250.00
City Newton	State MA	
Zip Code 02461		[MEMO ITEM] MEMO
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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Marjorie Kalins 140 Riverside Drive, Apt. 9J City New York State NY Zip Code 10026 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: 32229028</b> Date of Disbursement 03 / 29 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Linda Melski 1136 W Ives Street City Marshfield State WI Zip Code 54449 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: 32229029</b> Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Leotus Morrison 4440 Grattan Price Drive City Harrisonburg State VA Zip Code 22801 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: 32229030</b> Date of Disbursement 03 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229031 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Susan Link Olsen 854 Sutton Ct		Amount of Each Disbursement this Period 100.00
City Lincolnshire State IL Zip Code 60069	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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229032 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Nancy Johnston 20500 Oak Highlands Avenue		Amount of Each Disbursement this Period 100.00
City Tehachapi State CA Zip Code 93561	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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229033 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Sara Wilson 14 Pond Rd # 55		Amount of Each Disbursement this Period 25.00
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Katherine Ross Mailing Address: 437 East 84th Street City: New York State: NY Zip Code: 10028 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229034</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Sarah Gallagher Mailing Address: 1136 First Avenue City: New York State: NY Zip Code: 10021 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229035</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Bonnie O'Leary Mailing Address: 2243 S. Kingston Court City: Aurora State: CO Zip Code: 80014 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229036</b> Date of Disbursement 03 / 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

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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sara Wilson 14 Pond Rd # 55 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: 32229037</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Eunice Davis 436 Transit Avenue City Roseville State MN Zip Code 55113 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: 32229038</b> Date of Disbursement 03 / 19 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Theodora Elkington Waring 45 Rochester Road City Newton State MA Zip Code 02458 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: 32229039</b> Date of Disbursement 03 / 20 / 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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Claudia Bartelt PO Box 8 City Moss Landing State CA Zip Code 95039 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229040</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 75.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Susan Lamb 428 North Saint Asaph Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229041</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Ann Cerney 900 W. Vine Street City Lodi State CA Zip Code 95240 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229042</b> Date of Disbursement 03 / 13 / 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)

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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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Zoe Mikva 5020 S. Lake Shore Dr.</p> <p>City Chicago State IL Zip Code 60615</p> <p>Purpose of 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> 32229043 <b>Date of Disbursement</b> 03 / 23 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Elizabeth Beaujour 450 West End Avenue</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 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> 32229044 <b>Date of Disbursement</b> 03 / 20 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address N. Alden 4540 8th Avenue NE # 802</p> <p>City Seattle State WA Zip Code 98105</p> <p>Purpose of 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> 32229045 <b>Date of Disbursement</b> 03 / 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>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)

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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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address D. McGill POB 619</p> <p>City Bayfield State CO Zip Code 81122</p> <p>Purpose of 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: 32229046 Date of Disbursement 03 / 30 / 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>B. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Charlotte Koskoff 8 River Edge Court</p> <p>City Plainville State CT Zip Code 06062</p> <p>Purpose of 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: 32229047 Date of Disbursement 03 / 26 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Edith Bingham 4309 Glenview Avenue</p> <p>City Glenview State KY Zip Code 40025</p> <p>Purpose of 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: 32229048 Date of Disbursement 03 / 28 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lucy Wilson 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229049</b> Date of Disbursement 03 / 30 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Beverly Myers 2066 Promontory Point Lane City Gold River State CA Zip Code 95670 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: 32229050</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Leah Dick 4912 Tattershall Way City Lawton State OK Zip Code 73501 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: 32229051</b> Date of Disbursement 03 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229052 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address J. Kelley Nevling 88 Central Park West		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		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229053 Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address Alwyn Johnson 4601 Rue Belle Mer		Amount of Each Disbursement this Period 100.00
City Sanibel State FL Zip Code 33957	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229054 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Ann Swidler 2964 Magnolia		Amount of Each Disbursement this Period 100.00
City Berkeley State CA Zip Code 94705	[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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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Carol Shea-Porter Contributions</b>		Transaction ID: 32229055 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Alwyn Johnson 4601 Rue Belle Mer		Amount of Each Disbursement this Period 25.00
City Sanibel State FL Zip Code 33957	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229056 Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address Mary Greenwald 10577 Drexton Place		Amount of Each Disbursement this Period 100.00
City Newburgh State IN Zip Code 47630	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229057 Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address Natalie Wrubel 415 S Madison Street		Amount of Each Disbursement this Period 100.00
City Bloomington State IN Zip Code 47403	[MEMO ITEM] MEMO	
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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Lorene Sarne 4 Monroe 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: 32229058</b> Date of Disbursement 03 / 30 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Richard Quandt 162 Springdale Road 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: 32229059</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Mary Hill 47 Greenbriar Road City Summit State NJ Zip Code 07901 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229060</b> Date of Disbursement 03 / 20 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229061 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Ann Todd 47-700 Ahuimanu Loop		Amount of Each Disbursement this Period 40.00
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 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229062 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Camilla Haase 88 Park Avenue, Apt. 401		Amount of Each Disbursement this Period 100.00
City Arlington State MA Zip Code 02476	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229063 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Phyllis Schoen 919 Westchester Place		Amount of Each Disbursement this Period 10.00
City Los Angeles State CA Zip Code 90019	[MEMO ITEM] MEMO	
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)

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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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Muriel Hinz 21912 Kramer St</p> <p>City St Clr Shores State MI Zip Code 48080</p> <p>Purpose of 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: 32229064 Date of Disbursement 03 / 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>B. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Elisabeth Fidler 4126 Vermont Street</p> <p>City San Diego State CA Zip Code 92103</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 32229065 Date of Disbursement 03 / 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>C. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Alison Miller 41 Windsor Drive</p> <p>City Princeton Jct. State NJ Zip Code 08550</p> <p>Purpose of 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: 32229066 Date of Disbursement 03 / 19 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Lelah Dushkin 1404 Legore Lane City: Manhattan State: KS Zip Code: 66502 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229067</b> Date of Disbursement 03 / 30 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jane Porter 3 Edward St City: Portsmouth State: NH Zip Code: 03801 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229068</b> Date of Disbursement 03 / 19 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Lee Cali 2102 S. Elk Circle City: Cottonwood State: AZ Zip Code: 86326 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229069</b> Date of Disbursement 03 / 20 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Barbara Doleshal 1007 Cedar Street City Elizabeth City State NC Zip Code 27909 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: 32229070</b> Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Patti Frounfelter 125 N. Pansy St City Ishpeming State MI Zip Code 49849 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: 32229071</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Margaret Grubbs 1382 Newtown Langhorne Rd. City Newtown State PA Zip Code 18940 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229072</b> Date of Disbursement 03 / 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:  
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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229073 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 7
Mailing Address Jennifer Jones 406 Grant Street SW		Amount of Each Disbursement this Period 50.00
City Grand Rapids State MI Zip Code 49503	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229074 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Betty Vlack 1407 Oak Avenue		Amount of Each Disbursement this Period 50.00
City Davis State CA Zip Code 95616	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Carol Shea-Porter Contributions</b>		Transaction ID: 32229075 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address Gordon Marshall PO Box 172		Amount of Each Disbursement this Period 50.00
City New London State NH Zip Code 03257	[MEMO ITEM] MEMO	
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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Janet Neff 6814 Leonardo Street City Coral Gables State FL Zip Code 33146 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229076</b> Date of Disbursement 03 / 19 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Joyce Chase 2 Fifth Avenue City NYC 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229077</b> Date of Disbursement 03 / 27 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Susan Philipson Bloom 3 McDonald Place City Scarsdale State NY Zip Code 10583 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229078</b> Date of Disbursement 03 / 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) ..... ▶	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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(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Cheryl Rofer 402 Vera Drive City Santa Fe State NM Zip Code 87501 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229079</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sheila Martin 20 Eagle Gap Road City Novato State CA Zip Code 94949 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229080</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</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: 32229081</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 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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(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Shirley Gabaree 41 Daniel Lucy Way City Newburyport State MA Zip Code 01950 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229082</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Thomas Delgado PO Box 63012 City Phoenix State AZ Zip Code 85082 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229083</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Kathy Rulon PO Box 423 City Rehoboth Bch State DE Zip Code 19971 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229084</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Jon Holtzman 4850 Tobosa Rd</p> <p>City Las Cruces State NM Zip Code 88011</p> <p>Purpose of 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: 32229085</p> <p>Date of Disbursement 03 / 15 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Fleda Dean 88 Park Street, # 35</p> <p>City Portland State ME Zip Code 04101</p> <p>Purpose of 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: 32229086</p> <p>Date of Disbursement 03 / 13 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Judith Barry 8909 12TH Ave NE</p> <p>City Seattle State WA Zip Code 98115</p> <p>Purpose of 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: 32229087</p> <p>Date of Disbursement 03 / 13 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Caryle Miller 8132 Keeler Street City Alexandria State VA Zip Code 22309 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229088</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Frances Spence Smith 685 Mayflower Road 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229089</b> Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address William Novoa 39 Farm Drive City Farmington State CT Zip Code 06032 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229090</b> Date of Disbursement 03 / 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

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Deborah Friend 3 Crystal Lane City Newton State NH Zip Code 03858 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: 32229091</b> Date of Disbursement 03 / 17 / 2007 Amount of Each Disbursement this Period 5.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Lucille Lussenden 16413 Alpine Drive City Livonia State MI Zip Code 48154 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: 32229092</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Mary Brown 1526 Henry Clay Avenue City New Orleans State LA Zip Code 70118 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: 32229093</b> Date of Disbursement 03 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229094 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Sandy Elkins 1345 Jabbet Drive		Amount of Each Disbursement this Period 25.00
City Plano State TX Zip Code 75025	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229095 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Dianne Nelson 2743 S. Pitkin Street		Amount of Each Disbursement this Period 25.00
City Aurora State CO Zip Code 80013	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229096 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Kerry Costello 9 Rambler Road		Amount of Each Disbursement this Period 20.00
City Jamaica Plain State MA Zip Code 02130	[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)

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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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Mabsie Walters 1000 Chestnut # B</p> <p>City San Francisco State CA Zip Code 94109</p> <p>Purpose of 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> 32229097</p> <p>Date of Disbursement 03 / 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>B. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Edgar Chase 9406 Michael Drive</p> <p>City Clinton State MD Zip Code 20735</p> <p>Purpose of 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> 32229098</p> <p>Date of Disbursement 03 / 21 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Marilyn Sulzbacker 165 West 66 Street, # 3E</p> <p>City New York State NY Zip Code 10023</p> <p>Purpose of 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> 32229099</p> <p>Date of Disbursement 03 / 22 / 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)

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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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Joan Middleton 3920 Grand Ave.</p> <p>City Des Moines State IA Zip Code 50312</p> <p>Purpose of 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: 32229100 Date of Disbursement 03 / 14 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Barbara Hardman 39 Jane Lacey Drive, Apt. Q</p> <p>City Endicott State NY Zip Code 13760</p> <p>Purpose of 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: 32229101 Date of Disbursement 03 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 5.00</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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Cedric Bainton 50 Ventura Ave</p> <p>City San Francisco State CA Zip Code 94116</p> <p>Purpose of 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: 32229102 Date of Disbursement 03 / 05 / 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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: 32229103 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Betty Robinett 1936 Park Forest Avenue		Amount of Each Disbursement this Period 25.00
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>B. Carol Shea-Porter Contributions</b>		Transaction ID: 32229104 Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address Joan Whitman 719 Majors Path		Amount of Each Disbursement this Period 150.00
City Southampton State NY Zip Code 11968	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229105 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address Julia Bertsch 39 Dwinell Dr		Amount of Each Disbursement this Period 100.00
City Concord State NH Zip Code 03301	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229106 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address Doe Mayer 2545 Verbena Drive		Amount of Each Disbursement this Period 100.00
City Hollywood State CA Zip Code 90068	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229107 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Anne-Marie Schnetzler 388 Main Street		Amount of Each Disbursement this Period 100.00
City Morro Bay State CA Zip Code 93442	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229108 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Diane Siegel Divita 113 Randolph Street		Amount of Each Disbursement this Period 12.00
City Northville State MI Zip Code 48167	[MEMO ITEM] MEMO	
Purpose of 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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Kyropoulos 1938 Mill Rd City: S Pasadena State: CA Zip Code: 91030 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229109</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2007 Amount of Each Disbursement this Period 15.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Susan Pastin 1340 W. Touhy Avenue City: Chicago State: IL Zip Code: 60626 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229110</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2007 Amount of Each Disbursement this Period 35.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Carol Schreter 1905 Dixon Road City: Baltimore State: MD Zip Code: 21209 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229111</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 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

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions 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: 32229112</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Jan Flora 1902 George Allen Ave. City Ames State IA Zip Code 50010 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229113</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Ann Beyer 3819 Magnolia 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229114</b> Date of Disbursement 03 / 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:  
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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Jacqueline Bergen</b> 70 W. Burton Place City <b>Chicago</b> State <b>IL</b> Zip Code <b>60610</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: 32229115</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Sylvia Mapes</b> 5039 Cathedral Ave NW City <b>Washington</b> State <b>DC</b> Zip Code <b>20016</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: 32229116</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Bernice Pernhall</b> 1330 N.W. 26th Lane City <b>Delray Beach</b> State <b>FL</b> Zip Code <b>33445</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: 32229117</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229118 Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address AnneMarie Sapko PSC 115 - Box 1019		Amount of Each Disbursement this Period 25.00
City APO State AE Zip Code 09213	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229119 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Madeleine Littman 175 Richdale Avenue, # 114		Amount of Each Disbursement this Period 10.00
City Cambridge State MA Zip Code 02140	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229120 Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address Bonnie Flory 1902 Adams Street		Amount of Each Disbursement this Period 25.00
City Hollywood State FL Zip Code 33020	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nancy Papa 121 Stacia Street City Los Gatos State CA Zip Code 95030 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: 32229121</b> Date of Disbursement 03 / 28 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Judith Thorne 11930 Escalante Court City Reston State VA Zip Code 20191 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: 32229122</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Daniel Rous 304 W. 121st St. #8 City New York State NY Zip Code 10027 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: 32229123</b> Date of Disbursement 03 / 23 / 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:  
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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Allen 19 W. 10th Street 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229124</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007 Amount of Each Disbursement this Period _____ 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Pamela Moore 6768 Areca Blvd. City: Sarasota State: FL Zip Code: 34241 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229125</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2007 Amount of Each Disbursement this Period _____ 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Robert Holdenvenzon 6722 Mewall Drive City: San Diego State: CA Zip Code: 92119 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229126</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 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) ..... ▶	_____ <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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Non Finkelstein 55 Kent Lane, Apt. E208 City Nashua State NH Zip Code 03062 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: 32229127</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Marion Connell 3700 Cumberland St., 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229128</b> Date of Disbursement 03 / 19 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Marlene Sanders Toobin 670 West End Avenue City New York State NY Zip Code 10025 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229129</b> Date of Disbursement 03 / 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) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Lois Chaffee 248 East 7th Street</p> <p>City New York State NY Zip Code 10009</p> <p>Purpose of 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><b>Transaction ID:</b> 32229130 <b>Date of Disbursement:</b> 03 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 35.00</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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Carolyn Crutchfield 133 Santolina Park</p> <p>City Peachtree City State GA Zip Code 30269</p> <p>Purpose of 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><b>Transaction ID:</b> 32229131 <b>Date of Disbursement:</b> 03 / 24 / 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>C. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Laurence Gerckens 3655 Darbyshire Drive</p> <p>City Hilliard State OH Zip Code 43026</p> <p>Purpose of 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><b>Transaction ID:</b> 32229132 <b>Date of Disbursement:</b> 03 / 22 / 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>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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Elizabeth Ruskauff 1221 Minor Avenue, Apt. 402 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229133</b> Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Jim Edgemon 1 Laurel Circle City Wolfeboro State NH Zip Code 03894 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: 32229134</b> Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229135</b> Date of Disbursement 03 / 29 / 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:  
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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229136 Date of Disbursement MM / DD / YYYY 03 / 21 / 2007
Mailing Address Priscilla Hunt 10 Coolidge Hill Road		Amount of Each Disbursement this Period 500.00
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>B. Carol Shea-Porter Contributions</b>		Transaction ID: 32229137 Date of Disbursement MM / DD / YYYY 03 / 06 / 2007
Mailing Address Mary Braunagel-Brown 7321 Roaring Springs Dr.		Amount of Each Disbursement this Period 200.00
City Austin State TX Zip Code 78736	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229138 Date of Disbursement MM / DD / YYYY 03 / 14 / 2007
Mailing Address Pam Mueller 74 Stonybrook Lane		Amount of Each Disbursement this Period 25.00
City Contoocoo State NH Zip Code 03229	[MEMO ITEM] MEMO	
Purpose of 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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Marilyn Johnston 66 Cedar Drive</p> <p>Mailing Address</p> <p>City Washington State IA Zip Code 52353</p> <p>Purpose of 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: 32229139</p> <p>Date of Disbursement 03 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Yvonne Logan 36 South Gore Avenue</p> <p>Mailing Address</p> <p>City Saint Louis State MO Zip Code 63119</p> <p>Purpose of 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: 32229140</p> <p>Date of Disbursement 03 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Nancy Rust 18747 Ridgefield Road</p> <p>Mailing Address</p> <p>City Seattle State WA Zip Code 98177</p> <p>Purpose of 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: 32229141</p> <p>Date of Disbursement 03 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] 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>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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229142 Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address Joanne Travers 13210 Lagunita Way		Amount of Each Disbursement this Period 100.00
City Sutter Creek	State CA	
Zip Code 95685		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229143 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Andrew Wright 356 W. 11th Street		Amount of Each Disbursement this Period 250.00
City Claremont	State CA	
Zip Code 91711		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229144 Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address Lea Csala 356 S. River Street		Amount of Each Disbursement this Period 50.00
City Wilkes Barre	State PA	
Zip Code 18702		[MEMO ITEM] MEMO
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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229145 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Mary Besore 2705 Stampede Court		Amount of Each Disbursement this Period 50.00
City Rocklin State CA Zip Code 95765	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229146 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2007
Mailing Address John Jevitts 97 North Main Street		Amount of Each Disbursement this Period 15.00
City West Hartford State CT Zip Code 06107	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229147 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Patrick Crowley 7470 Woolston Road		Amount of Each Disbursement this Period 50.00
City Bloomfield State NY Zip Code 14469	[MEMO ITEM] MEMO	
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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229148 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address James Wingard 1851 N Hawthorne Dr		Amount of Each Disbursement this Period 25.00
City Tacoma State WA Zip Code 98406	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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229149 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Kathleen Hoffmann 6506 Mebane Oaks Rd.		Amount of Each Disbursement this Period 50.00
City Mebane State NC Zip Code 27302	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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229150 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Aubrey Tobey 65 Falmouth Road		Amount of Each Disbursement this Period 50.00
City Arlington State MA Zip Code 02474	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)

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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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Edwin Hastings 75 Minesota Avenue Apt. 312</p> <p>City Warwick State RI Zip Code 02888</p> <p>Purpose of 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> 32229151 <b>Date of Disbursement</b> 03 / 14 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Caroline Murphy 185 Sumner Avenue</p> <p>City Springfield State MA Zip Code 01108</p> <p>Purpose of 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> 32229152 <b>Date of Disbursement</b> 03 / 30 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Diana Weatherby 6401 85th Place</p> <p>City New Carrollton State MD Zip Code 20784</p> <p>Purpose of 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> 32229153 <b>Date of Disbursement</b> 03 / 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>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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229154 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Yde VanDerMeulen 98 Hickory Circle		Amount of Each Disbursement this Period 100.00
City Ithaca State NY Zip Code 14850	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229155 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Deborah Franczek 5555 Everett # 7D		Amount of Each Disbursement this Period 250.00
City Chicago State IL Zip Code 60637	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229156 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7
Mailing Address Mary Riccobono 1807 Restful Dr		Amount of Each Disbursement this Period 50.00
City Bradenton State FL Zip Code 34207	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229157 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Joseph West 3438 S MacGregor Way		Amount of Each Disbursement this Period 25.00
City Houston State TX Zip Code 77021	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229158 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Patricia Norred-Derr 343 Rosedale Drive		Amount of Each Disbursement this Period 100.00
City Pottstown State PA Zip Code 19464	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229159 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Perry Peine 343 Bellaire St.		Amount of Each Disbursement this Period 100.00
City Denver State CO Zip Code 80220	[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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) 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: 32229160</b> Date of Disbursement 03 / 26 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Jane Gregozek 766 Privet Ct City: Sunnyvale State: CA Zip Code: 94086 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229161</b> Date of Disbursement 03 / 07 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Janice Thompson 180 Portsmouth Circle City: Glen Mills State: PA Zip Code: 19342 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229162</b> Date of Disbursement 03 / 16 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Esther VanHaften 3404 Dartmouth Drive City Midland State MI Zip Code 48642 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: 32229163</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Karen Wiskoff 307A Mar Vista Drive 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: 32229164</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Margaret Olwell Friends House # 31 City Santa Rosa State CA Zip Code 95409 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: 32229165</b> Date of Disbursement 03 / 23 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229166 Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address Carol Edmunds 308 Silver Street		Amount of Each Disbursement this Period 30.00
City Bennington State VT Zip Code 05201	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229167 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address Phyllis Kaufman 33470 SW Chinook Plaza		Amount of Each Disbursement this Period 50.00
City Scappoose State OR Zip Code 97056	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229168 Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address Paula Sommer 57 Ellis Dr		Amount of Each Disbursement this Period 25.00
City Worcester State MA Zip Code 01609	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Diane Grunes 237 Trevethan Avenue</p> <p>City Santa Cruz State CA Zip Code 95062</p> <p>Purpose of 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> 32229169 <b>Date of Disbursement</b> 03 / 22 / 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>B. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Joan Bramick 32 Childsworth Avenue</p> <p>City Bernardsville State NJ Zip Code 07924</p> <p>Purpose of 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> 32229170 <b>Date of Disbursement</b> 03 / 23 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Robert Schwartz 2753 W. Bonnie Brook Lane</p> <p>City Waukegan State IL Zip Code 60087</p> <p>Purpose of 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> 32229171 <b>Date of Disbursement</b> 03 / 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>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)

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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

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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Patrick Falvey P.O. Box 1211 City: Greenfield State: MA Zip Code: 01302 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229172</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Betty Sweren 77 Seminary Farm Road City: Timonium State: MD Zip Code: 21093 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229173</b> Date of Disbursement 03 / 29 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Sarah Jones P.O. Box 186 City: Riderwood State: MD Zip Code: 21139 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229174</b> Date of Disbursement 03 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Thomas P.O. Box 598 City: Quincy State: FL Zip Code: 32353 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229175 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Page Dwyer 1705 Millers Rd 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32229176 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Ruth West 611 Viaduct Bogota City: Vista State: CA Zip Code: 92081 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229177 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229178 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address Philip Preston P.O. Box 573		Amount of Each Disbursement this Period 150.00
City Ashland State NH Zip Code 03217	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229179 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address Laurose Richter 620 Sand Hill Road		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		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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229180 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Estelle Dashman 11 Riverview Farm Road		Amount of Each Disbursement this Period 50.00
City Ossining State NY Zip Code 10562	[MEMO ITEM] MEMO	
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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Richard Goodwin P.O. Box 2040 City Salem State CT Zip Code 06420 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: 32229181</b> Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 125.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Janet Liebowitz 6 Northwoods Ln City Boynton Beach State FL Zip Code 33436 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229182</b> Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Halene Graves 10 West Ridge Lane City Sheridan State WY Zip Code 82801 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: 32229183</b> Date of Disbursement 03 / 26 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Marguerite Chandler P.O. Box 250 City Cape May Point State NJ Zip Code 08212 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229184</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Eva Jane Coombe 6 Corbin Drive City Cincinnati State OH Zip Code 45208 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229185</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229186</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229187 Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address Deva Lund 174 Vista De Oeste		Amount of Each Disbursement this Period 50.00
City Palm Springs	State CA	
Purpose of Disbursement Candidate Contrib Earmarked		Category/ Type
Candidate Name		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carol Shea-Porter Contributions</b>		Transaction ID: 32229188 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address Vera Blinn Reber 314 East King Street		Amount of Each Disbursement this Period 100.00
City Shippensburg	State PA	
Purpose of Disbursement Candidate Contrib Earmarked		Category/ Type
Candidate Name		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Carol Shea-Porter Contributions</b>		Transaction ID: 32229189 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Eleanor Schuker 150 W. End Avenue Apt. 26F		Amount of Each Disbursement this Period 20.00
City New York	State NY	
Purpose of Disbursement Candidate Contrib Earmarked		Category/ Type
Candidate Name		
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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Breitlow 607 Ventura Street City: Richmond State: CA Zip Code: 94805 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229190 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 150.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Frances Pepper 233 Oliver Road City: Cincinnati State: OH Zip Code: 45215 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32229191 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Elise Yablonski 314 W 77th 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:</b> 32229192 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 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)

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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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Fiora Houghteling 15 Bullough Park</p> <p>City Newton State MA Zip Code 02460</p> <p>Purpose of 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> 32229193 <b>Date of Disbursement</b> 03 / 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>B. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Joan Bolker 10 chester st.</p> <p>City Newton State MA Zip Code 02461</p> <p>Purpose of 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> 32229194 <b>Date of Disbursement</b> 03 / 23 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Ellanor Malinowski 13 Peacock Court</p> <p>City San Rafael State CA Zip Code 94901</p> <p>Purpose of 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> 32229195 <b>Date of Disbursement</b> 03 / 19 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address David Petrig 1721 Saulter Road City Homewood State AL Zip Code 35209 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229196</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lynn Bahrych P.O. Box 336 City Shaw Island State WA Zip Code 98286 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229197</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter 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: 32229198</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Patricia Medvick P.O. Box 3077 City: Richland State: WA Zip Code: 99354 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229199</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Yona Donner Hermann 6 Horizon Road, # 1502 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: 32229200</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Quentin Dixon 6 Ayer Road City: Acton State: MA Zip Code: 01720 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229201</b> Date of Disbursement 03 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Benjamin Bird P.O. Box 356 City Flint Hill State VA Zip Code 22627 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: 32229202</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Carole Cotham-Machala 613 Flagler Road City Fort Collins State CO Zip Code 80525 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: 32229203</b> Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Eleanor Grant 1025 Bamar Lane City Galveston State TX Zip Code 77554 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: 32229204</b> Date of Disbursement 03 / 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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Carol Shea-Porter Contributions</b>		Transaction ID: 32229205 Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address Heather Tillman 1291 E. Marrowstone Rd.		Amount of Each Disbursement this Period 50.00
City Nordland	State WA	
Zip Code 98358		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229206 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address James Kline 1500 Sheridan Road		Amount of Each Disbursement this Period 500.00
City Wilmette	State IL	
Zip Code 60091		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229207 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Steven Chickering 5820 Knobcone Court		Amount of Each Disbursement this Period 100.00
City Richmond	State CA	
Zip Code 94803		[MEMO ITEM] MEMO
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

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Elizabeth O'Boyle 12 Blueberry Hill Road City: Amherst State: NH Zip Code: 03031 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229208 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7 Amount of Each Disbursement this Period _____ 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Marilyn Mir 7912 June Lake City: San Diego State: CA Zip Code: 92119 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229209 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period _____ 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Alix Pratt 58 Neal Street, Apt. 2 City: Portland State: ME Zip Code: 04102 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229210 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address: Dori Galton, P.O. Box 11 City: North Hartland, State: VT, Zip Code: 05052 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House, <input type="checkbox"/> Senate, <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: 32229211</b> Date of Disbursement: 03 / 22 / 2007 Amount of Each Disbursement this Period: 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address: Martha Mehta, 2315 Medford Road City: Ann Arbor, State: MI, Zip Code: 48104 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House, <input type="checkbox"/> Senate, <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: 32229212</b> Date of Disbursement: 03 / 13 / 2007 Amount of Each Disbursement this Period: 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address: Ricia Hendrick, 2313 Lantern Lane W. City: Mobile, State: AL, Zip Code: 36693 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House, <input type="checkbox"/> Senate, <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: 32229213</b> Date of Disbursement: 03 / 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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Eileen Siedman 12 Lomita Drive</p> <p>City Mill Valley State CA Zip Code 94941</p> <p>Purpose of 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> 32229214 <b>Date of Disbursement</b> 03 / 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>B. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Helen Volk 6201 Rutland Drive</p> <p>City Carmichael State CA Zip Code 95608</p> <p>Purpose of 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> 32229215 <b>Date of Disbursement</b> 03 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Amy Lowrey 1502 Newning Avenue</p> <p>City Austin State TX Zip Code 78704</p> <p>Purpose of 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> 32229216 <b>Date of Disbursement</b> 03 / 31 / 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>	<p></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Lisa Poyer 100 West Kingsbridge Road</p> <p>City Mount Vernon State NY Zip Code 10550</p> <p>Purpose of 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> 32229217 <b>Date of Disbursement:</b> 03 / 16 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Raymond O'Day 9510 Old Hyde Park Place</p> <p>City Bradenton State FL Zip Code 34202</p> <p>Purpose of 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> 32229218 <b>Date of Disbursement:</b> 03 / 19 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Lois Wolf 239 Central Park W. #10C</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 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> 32229219 <b>Date of Disbursement:</b> 03 / 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>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

Full Name (Last, First, Middle Initial) <b>A. Carol Shea-Porter Contributions</b>		Transaction ID: 32229220 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Phyllis Pearce 6256 Cameo Street		Amount of Each Disbursement this Period 50.00
City Alta Loma	State CA	
Zip Code 91701		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229221 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Rosalie Green 109 Kent Drive		Amount of Each Disbursement this Period 25.00
City Manassas	State VA	
Zip Code 20111		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229222 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Emily Mason Kahn 32 W 20th Street		Amount of Each Disbursement this Period 250.00
City New York	State NY	
Zip Code 10011		[MEMO ITEM] MEMO
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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229223 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Walter Selove 118 Cherry Lane		Amount of Each Disbursement this Period 50.00
City Wynnewood State PA Zip Code 19096	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229224 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Hannah Donigan 630 W Commerce Road		Amount of Each Disbursement this Period 10.00
City Commerce State MI Zip Code 48382	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229225 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Elizabeth Reitbauer 560 Little Lake Drive, # 20		Amount of Each Disbursement this Period 40.00
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Carol Shea-Porter Contributions</b>		Transaction ID: 32229226 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Dolores Rosoff 1310 Primavera St Unit 143		Amount of Each Disbursement this Period 50.00
City Salinas State CA Zip Code 93901	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229227 Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address Elizabeth Fisk 770 Boylston Street, # 16G		Amount of Each Disbursement this Period 100.00
City Boston State MA Zip Code 02199	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229228 Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address Geraldine Howard P.O. Box 828		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 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229229 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Kathleen Smith 6324 Morrowfield Ave		Amount of Each Disbursement this Period 50.00
City Pittsburgh State PA Zip Code 15217	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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229230 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Pamela Marino 8 Mills Rd		Amount of Each Disbursement this Period 25.00
City Gaithersburg State MD Zip Code 20877	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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229231 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Linda Keetch 146 Paddock Avenue		Amount of Each Disbursement this Period 50.00
City Pismo Beach State CA Zip Code 93449	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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229232 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Helena Barnes 1503 Dumbarton Rock CT NW		Amount of Each Disbursement this Period 25.00
City Washington	State DC	
Zip Code 20007		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229233 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address Susan Brauneiss 555 North Bristol Avenue		Amount of Each Disbursement this Period 50.00
City Los Angeles	State CA	
Zip Code 90049		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229234 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Sharon Townley 2536 2nd Street		Amount of Each Disbursement this Period 100.00
City Vero Beach	State FL	
Zip Code 32962		[MEMO ITEM] MEMO
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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229235 Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address Philip Krevitsky 56 Roger Drive		Amount of Each Disbursement this Period 100.00
City Port Washington State NY Zip Code 11050	[MEMO ITEM] MEMO	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Carol Shea-Porter Contributions</b>		Transaction ID: 32229236 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address Robert Pancner 7936 Redondo Court		Amount of Each Disbursement this Period 25.00
City Darien State IL Zip Code 60561	[MEMO ITEM] MEMO	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Carol Shea-Porter Contributions</b>		Transaction ID: 32229237 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Nancy Jacobs 13123 Parson Lane		Amount of Each Disbursement this Period 25.00
City Fairfax State VA Zip Code 22033	[MEMO ITEM] MEMO	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Margaret Copi 3426 Adell Court 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: 32229238</b> Date of Disbursement 03 / 20 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Elisabeth Greco 6417 Kenhowe Drive City: Bethesda State: MD Zip Code: 20817 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229239</b> Date of Disbursement 03 / 03 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Jan Hagen 110 Wilkins Avenue City: Albany State: NY Zip Code: 12205 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229240</b> Date of Disbursement 03 / 14 / 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)

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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.</b> Carol Shea-Porter Contributions</p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Dolores Kaufmann 5533 Tiger Road</p> <p>City Edwardsville State IL Zip Code 62025</p> <p>Purpose of 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: 32229241</p> <p>Date of Disbursement 03 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] MEMO</p>
<p><b>B.</b> Carol Shea-Porter Contributions</p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Linda Frank 157 W Shore Road</p> <p>City New Preston State CT Zip Code 06777</p> <p>Purpose of 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: 32229242</p> <p>Date of Disbursement 03 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] MEMO</p>
<p><b>C.</b> Carol Shea-Porter Contributions</p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Helen Waterbury 3057 S. Higuera, # 181</p> <p>City San Luis Obispo State CA Zip Code 93401</p> <p>Purpose of 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: 32229243</p> <p>Date of Disbursement 03 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] MEMO</p>

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229244 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Miriam Schulman 645 Tuallitan Road		Amount of Each Disbursement this Period 100.00
City Los Angeles	State CA	
Zip Code 90049		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229245 Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address Neil Woodruff 22802 Oatlands Grove Place		Amount of Each Disbursement this Period 10.00
City Ashburn	State VA	
Zip Code 20148		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229246 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Elaine Chapline-Burns 99 Scenic Lake Drive		Amount of Each Disbursement this Period 100.00
City Riverhead	State NY	
Zip Code 11901		[MEMO ITEM] MEMO
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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229247 Date of Disbursement 03 / 20 / 2007
Mailing Address Ralph Bristol 643 W. Camino Corto		Amount of Each Disbursement this Period 50.00
City Green Valley	State AZ	
Purpose of 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. Carol Shea-Porter Contributions</b>

Full Name (Last, First, Middle Initial) <b>B. Carol Shea-Porter Contributions</b>		Transaction ID: 32229248 Date of Disbursement 03 / 26 / 2007
Mailing Address Garnet Gorin 271 Cecelia Way		Amount of Each Disbursement this Period 50.00
City Bel Tiburon	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. Carol Shea-Porter Contributions</b>

Full Name (Last, First, Middle Initial) <b>C. Carol Shea-Porter Contributions</b>		Transaction ID: 32229249 Date of Disbursement 03 / 16 / 2007
Mailing Address Mary Turner 945 Lawton Street		Amount of Each Disbursement this Period 100.00
City San Francisco	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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Simone Joyaux 10 Johnson Road City Foster State RI Zip Code 02825 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: 32229250</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Elizabeth Owen 10 Park Drive City Yalaha State FL Zip Code 34797 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: 32229251</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Laura Smith 218 Arlington Street City Birmingham State MI Zip Code 48009 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: 32229252</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

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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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Mary Baker 3 Hoke Smith Blvd Apt B209</p> <p>City Greenville State SC Zip Code 29615</p> <p>Purpose of 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> 32229253 <b>Date of Disbursement</b> 03 / 21 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Janice Adams PO Box 1053</p> <p>City Kingston State WA Zip Code 98346</p> <p>Purpose of 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> 32229254 <b>Date of Disbursement</b> 03 / 06 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Frances Shames 290 9th Avenue, Apt. 13J</p> <p>City New York State NY Zip Code 10001</p> <p>Purpose of 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> 32229255 <b>Date of Disbursement</b> 03 / 28 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229256 Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address Laura House 1507 Farm To Market Rd		Amount of Each Disbursement this Period 50.00
City Endwell	State NY	
Zip Code 13760		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229257 Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address Evelyn Feintech 10106 Empeyan Way #102		Amount of Each Disbursement this Period 250.00
City Los Angeles	State CA	
Zip Code 90067		[MEMO ITEM] MEMO
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229258 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Edith Lauderdale 55 Nonquitt Ave		Amount of Each Disbursement this Period 250.00
City So Dartmouth	State MA	
Zip Code 02748		[MEMO ITEM] MEMO
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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229259 Date of Disbursement MM / DD / YYYY 03 / 19 / 2007
Mailing Address Megan Thomas 1173 Colusa Avenue		Amount of Each Disbursement this Period 100.00
City Berkeley State CA Zip Code 94707	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229260 Date of Disbursement MM / DD / YYYY 03 / 16 / 2007
Mailing Address Susan Moyer 6519 Sunnyland Lane		Amount of Each Disbursement this Period 100.00
City Dallas State TX Zip Code 75214	[MEMO ITEM] MEMO	
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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229261 Date of Disbursement MM / DD / YYYY 03 / 22 / 2007
Mailing Address Betty Long 949 New Haven Road		Amount of Each Disbursement this Period 20.00
City Durham State CT Zip Code 06422	[MEMO ITEM] MEMO	
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 596 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Ruth Wright 1440 High Street</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><b>Transaction ID:</b> 32229262 <b>Date of Disbursement</b> 03 / 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. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address JoAnn Nassutti 2235 Sheraton Place</p> <p>City San Mateo State CA Zip Code 94402</p> <p>Purpose of 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> 32229263 <b>Date of Disbursement</b> 03 / 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>C. Carol Shea-Porter Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions</p> <p>Mailing Address Bamboo Solzman 5455 S Hyde Park Blvd</p> <p>City Chicago State IL Zip Code 60615</p> <p>Purpose of 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> 32229264 <b>Date of Disbursement</b> 03 / 23 / 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)

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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. Carol Shea-Porter 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: 32229265</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Julia Jay 1038 Etherton Drive City: Saint Louis State: MO Zip Code: 63126 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229266</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229267</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 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 598 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Sybil Stoller 1100 Rivas Canyon 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229268</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Carolyn Isackson 9412 Walburg Way City: Montgomery Village State: MD Zip Code: 20886 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229269</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jan Crean 1300 Cedar Lane M8 City: Tullahoma State: TN Zip Code: 37388 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229270</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2007 Amount of Each Disbursement this Period 54.00 <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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229271 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Margaret Thompson 5425 Springview Drive		Amount of Each Disbursement this Period 100.00
City Fayetteville State NY Zip Code 13066	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229272 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Ernest Bicknell 5437 Thomas Avenue		Amount of Each Disbursement this Period 25.00
City Oakland State CA Zip Code 94618	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229273 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Patricia McLaine 5328 Eliots Oak Road		Amount of Each Disbursement this Period 25.00
City Columbia State MD Zip Code 21044	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address: Barbara Matthews PO Box 10553 City: Fairbanks State: AK Zip Code: 99710 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229274 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address: Doris May Workman 532 Rover Blvd. City: Los Alamos State: NM Zip Code: 87544 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32229275 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address: Mary Lee Bretz PO Box 484 City: Eastport State: MI Zip Code: 49627 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229276 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229277 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7
Mailing Address Lois Chaffee 248 East 7th Street		Amount of Each Disbursement this Period 25.00
City New York State NY Zip Code 10009	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229278 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Lucy Leidy 6647 E. Holly Street		Amount of Each Disbursement this Period 25.00
City Inverness State FL Zip Code 34452	[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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229279 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Barbara Mayers 5300 South Shore Drive, # 107		Amount of Each Disbursement this Period 200.00
City Chicago State IL Zip Code 60615	[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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Susan Almy 266 Poverty Lane, # 4B City Lebanon State NH Zip Code 03766 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: 32229280</b> Date of Disbursement 03 / 20 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Daniel Rous 304 W. 121st St. #8 City New York State NY Zip Code 10027 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: 32229281</b> Date of Disbursement 03 / 05 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Laurie Collins 914 Geneva Street City Glendale State CA Zip Code 91207 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: 32229282</b> Date of Disbursement 03 / 29 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Anita Barker 1611 Cold Spring Rd. City Williamstown State MA Zip Code 01267 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229283</b> Date of Disbursement 03 / 11 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Kathryn Sewell 1515 Baker St. 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) ▼		<b>Transaction ID: 32229284</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Laurie Rogen 6715 102nd St Apt 3K City Forest Hills State NY Zip Code 11375 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229285</b> Date of Disbursement 03 / 30 / 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 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Susanna Davison 1301 Irving 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: 32229286</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 Amount of Each Disbursement this Period _____ 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Karlyn Sugai 11 Landers Street City: San Francisco State: CA Zip Code: 94114 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229287</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period _____ 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Patricia Lein 2201 Third Ave. City: Seattle State: WA Zip Code: 98121 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229288</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229289 Date of Disbursement 03 / 21 / 2007
Mailing Address Gloria Fulcher 2925 Roanoke Court		Amount of Each Disbursement this Period 25.00
City Bakersfield	State CA	
Zip Code 93306		[MEMO ITEM] MEMO
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229290 Date of Disbursement 03 / 30 / 2007
Mailing Address Patsy Rogers P.O. Box 616		Amount of Each Disbursement this Period 100.00
City New Suffolk	State NY	
Zip Code 11956		[MEMO ITEM] MEMO
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229291 Date of Disbursement 03 / 30 / 2007
Mailing Address Anne McAndrew 815 Devonport Lane		Amount of Each Disbursement this Period 25.00
City Seabrook	State TX	
Zip Code 77586		[MEMO ITEM] MEMO
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Emilie Simpson 675 Harding Place City: Nashville State: TN Zip Code: 37211 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229292</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007 Amount of Each Disbursement this Period _____ 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Martha Raak 220 Schenley Rd 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229293</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007 Amount of Each Disbursement this Period _____ 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Sally Coughlin 52 Upland Road City: Brookline State: MA Zip Code: 02445 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229294</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 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) ..... ▶	_____ <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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Dorothy McFadden 1039 Northoak Drive 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: 32229295</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Burnley Perrin 520 N Street, SW City Washington State DC Zip Code 20024 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: 32229296</b> Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Hill Blackett 117 Requa Road City Piedmont 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229297</b> Date of Disbursement 03 / 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**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Carol Shea-Porter Contributions</b>		Transaction ID: 32229298 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Ruth Iwano 175 W 93rd Apt Apt 9E		Amount of Each Disbursement this Period 100.00
City New York State NY Zip Code 10025	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229299 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address Meda Thetford 68 South Street		Amount of Each Disbursement this Period 100.00
City Eatontown State NJ Zip Code 07724	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229300 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Grace McIlvain 5175 N Tigua Drive		Amount of Each Disbursement this Period 100.00
City Tucson State AZ Zip Code 85704	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229301 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Anita Gottlieb 921 Maple Avenue		Amount of Each Disbursement this Period 50.00
City Evanston State IL Zip Code 60202	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229302 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Kathleen Crittenden 820 S. Morgan Street, # 2		Amount of Each Disbursement this Period 100.00
City Chicago State IL Zip Code 60607	[MEMO ITEM] MEMO	
Purpose of 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. Carol Shea-Porter Contributions</b>		Transaction ID: 32229303 Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2007
Mailing Address Michael Litt 92 Wheatherstone Pl.		Amount of Each Disbursement this Period 50.00
City Lake Oswego State OR Zip Code 97035	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Jennifer Allred 3310 Oakwood Street City: Salt Lake City State: UT Zip Code: 84109 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229304 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Edward Hutton 255 E. 5th Street, Fl 26 City: Cincinnati State: OH Zip Code: 45202 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229305 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Robert West 305 Nautilus Drive City: Madison State: WI Zip Code: 53705 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32229306 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

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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. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Georgia Wright 105 Vicente Road City Berkeley State CA Zip Code 94705 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229307</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Carol Shea-Porter Contributions</b> Full Name (Last, First, Middle Initial) Carol Shea-Porter Contributions Mailing Address Joan Steele 332 Glenn Street City Ashland State OR Zip Code 97520 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229308</b> Date of Disbursement 03 / 07 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Gabby Giffords Contributions Mailing Address Frances Shames 290 9th Avenue, Apt. 13J City New York State NY Zip Code 10001 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: 32229309</b> Date of Disbursement 03 / 28 / 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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(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Doe Mayer 2545 Verbena Drive City Hollywood State CA Zip Code 90068 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229310</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Dianne Engleke 283 Silver Mt. Road City Millerton State NY Zip Code 12546 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229311</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Patricia Shanley 123 Cromwell Hill Road City Monroe State NY Zip Code 10950 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229312</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Alan Solinger 6895 Elverton Drive 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> 32229313 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Frederick Davis 1521 Golf View Road Unit B 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> 32229314 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Ina Ayliffe 15905 Bent Tree Forest Cr. City Dallas State TX Zip Code 75248 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> 32229315 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7 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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Anita Strauss 7887 Revelle Drive City La Jolla State CA Zip Code 92037 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32229316 Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Rosalie Green 109 Kent Drive City Manassas State VA Zip Code 20111 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32229317 Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Margaret Miller 6938 Reynolds Street 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 32229318 Date of Disbursement 03 / 20 / 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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Miriam Greenblatt 2754 Roslyn Lane City: Highland Park State: IL Zip Code: 60035 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229319 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Donna Hefley 771 N Promontory Dr City: Tucson State: AZ Zip Code: 85748 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229320 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Melissa Anderson 1581 Laraway Lake Drive SE City: Grand Rapids State: MI Zip Code: 49546 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229321 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Betty Sweren</b> 77 Seminary Farm Road City <b>Timonium</b> State <b>MD</b> Zip Code <b>21093</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: 32229322</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Jill Sengel</b> 2748 Fort Myer Avenue City <b>Henderson</b> State <b>NV</b> Zip Code <b>89052</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: 32229323</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Janice Kinnaman</b> 1213 Columbus Circle City <b>Janesville</b> State <b>WI</b> Zip Code <b>53545</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: 32229324</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 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

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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. Gabby Giffords Contributions</b>		Transaction ID: 32229325 Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address Jane Gregozek 766 Privet Ct		Amount of Each Disbursement this Period 50.00
City Sunnyvale State CA Zip Code 94086	[MEMO ITEM] MEMO	
Purpose of 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. Gabby Giffords Contributions</b>		Transaction ID: 32229326 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Walter Limbach 123 Beechmont Road		Amount of Each Disbursement this Period 100.00
City Pittsburgh State PA Zip Code 15206	[MEMO ITEM] MEMO	
Purpose of 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. Gabby Giffords Contributions</b>		Transaction ID: 32229327 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address Nancy Weiss 75 Richare Eger Drive		Amount of Each Disbursement this Period 100.00
City Holyoke State MA Zip Code 01040	[MEMO ITEM] MEMO	
Purpose of 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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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)</p>		<p><b>Transaction ID:</b> 32229328</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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	0		2	0	0	7													
<p>Mailing Address: Connie Cooper 38617 N 25th Lane</p> <p>City: Desert Hills State: AZ Zip Code: 85086</p> <p>Purpose of Disbursement: Candidate Contrib Earmarked</p> <p>Candidate Name: _____</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00																			
25.00																						
<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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229329</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>0</td><td>3</td><td></td><td>2</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	0	3		2	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	1		2	0	0	7													
<p>Mailing Address: Elizabeth Ruskauff 1221 Minor Avenue, Apt. 402</p> <p>City: Seattle State: WA Zip Code: 98101</p> <p>Purpose of Disbursement: Candidate Contrib Earmarked</p> <p>Candidate Name: _____</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00																			
25.00																						
<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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229330</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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	3		2	0	0	7													
<p>Mailing Address: Betty Robinett 1936 Park Forest Avenue</p> <p>City: State College State: PA Zip Code: 16803</p> <p>Purpose of Disbursement: Candidate Contrib Earmarked</p> <p>Candidate Name: _____</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00																			
25.00																						
<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>	<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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Peter Mensch 267 West 11th Street</p> <p>City New York State NY Zip Code 10014</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: 32229331</p> <p>Date of Disbursement 03 / 16 / 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>B. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Ilene Jagatramcharran 15500 SE 80th Avenue</p> <p>City Summerfield State FL Zip Code 34491</p> <p>Purpose of 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: 32229332</p> <p>Date of Disbursement 03 / 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>C. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Virgil Vickers 70 Windermere Road</p> <p>City Auburndale 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: 32229333</p> <p>Date of Disbursement 03 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 175.00</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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Joyce Bradley 2661 Tallant Rd Apt M602</p> <p>Mailing Address</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: 32229334</p> <p>Date of Disbursement 03 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Thomas Tay 1524 Wandering Way</p> <p>Mailing Address</p> <p>City Harrisburg State PA Zip Code 17110</p> <p>Purpose of 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: 32229335</p> <p>Date of Disbursement 03 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Joyce Edward 102 Bellhaven Road</p> <p>Mailing Address</p> <p>City Bellport State NY Zip Code 11713</p> <p>Purpose of 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: 32229336</p> <p>Date of Disbursement 03 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>[MEMO ITEM] 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 621 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Emily Hart 1549 Markham City: Fayetteville State: AR Zip Code: 72701 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229337</b> Date of Disbursement 03 / 28 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Carmela Cipriano 260 65th Street, Apt. 11P City: Brooklyn State: NY Zip Code: 11220 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229338</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Nora Lee Fryxell 7010 45th Street Court NW City: Gig Harbor State: WA Zip Code: 98335 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229339</b> Date of Disbursement 03 / 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 622 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Leslie Leighninger 1530 W. Lewis Avenue City: Phoenix State: AZ Zip Code: 85007 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229340</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Emma Rosow 122 Green Way City: Wayland State: MA Zip Code: 01778 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229341</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jacqueline Goldberg 718 Ridge Avenue 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229342</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 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 623 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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)</p> <p>Mailing Address <b>Beverly Terry</b> 2625 E Southern Ave. C-121</p> <p>City <b>Tempe</b> State <b>AZ</b> Zip Code <b>85282</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: 32229343</b></p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address <b>Rudolph Hurwich</b> 2608 Ninth Street</p> <p>City <b>Berkeley</b> State <b>CA</b> Zip Code <b>94710</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: 32229344</b></p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address <b>Pamela Wilson</b> 15306 Tamaron Valley</p> <p>City <b>San Antonio</b> State <b>TX</b> Zip Code <b>78253</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: 32229345</b></p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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 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 624 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Jennifer Percy 4 Chase Street # 2		<b>Transaction ID:</b> 32229346 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address Jennifer Percy 4 Chase Street # 2	City State Zip Code Salem MA 01970	<b>Amount of Each Disbursement this Period</b> 50.00
Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> 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>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Robert Leonard 2608 Cascade Dr		<b>Transaction ID:</b> 32229347 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Robert Leonard 2608 Cascade Dr	City State Zip Code Austin TX 78757	<b>Amount of Each Disbursement this Period</b> 100.00
Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> 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>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Richard Snodgrass 701 E Camino Alberca		<b>Transaction ID:</b> 32229348 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7
Mailing Address Richard Snodgrass 701 E Camino Alberca	City State Zip Code Tucson AZ 85718	<b>Amount of Each Disbursement this Period</b> 20.00
Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Marjorie Stotsky 2600 E. Skyline Drive 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: 32229349</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 30.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Steve Walton 195 Spuraway Dr City San Mateo State CA Zip Code 94403 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: 32229350</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jacqueline Bergen 70 W. Burton Place 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: 32229351</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Diana Granger Mailing Address 12170 Leeds Chapel Lane City Markham State VA Zip Code 22643 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229352</b> Date of Disbursement 03 / 20 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Susan Schindler Mailing Address 70 E. 10th Street, Apt. 17T 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: 32229353</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Effie Westervelt Mailing Address 26 Southridge East City Tiburon State CA Zip Code 94920 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229354</b> Date of Disbursement 03 / 15 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Douglas Danforth 7 Riverwoods Drive # C209 City Exeter State NH Zip Code 03833 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229355</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Frances Ackerly 26 Parker 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229356</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Quarrier Cook 1085 Camino Manana City Santa Fe State NM Zip Code 87501 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229357</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Kenneth Jaffee 2596 Village Drive City Union City State CA Zip Code 94587 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229358</b> Date of Disbursement 03 / 20 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Raymond Fields 6944 Viale Elizabeth City Delray Beach State FL Zip Code 33446 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229359</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sally Ehlers 720 Bachelor Avenue City Mendota Hts. State MN Zip Code 55118 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229360</b> Date of Disbursement 03 / 16 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Marian Stankovich 1088 23rd St. SE City: Minneapolis State: MN Zip Code: 55414 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229361</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Selene Levine 720 Milton Road City: Rye State: NY Zip Code: 10580 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229362</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period _____ 18.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Robert Tartell 690 Hawthorne Street City: West Hempstead State: NY Zip Code: 11552 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229363</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 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) ..... ▶	_____ <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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Edward Hutton 255 E. 5th Street, Fl 26 City Cincinnati State OH Zip Code 45202 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: 32229364</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Charles Christensen 69 High Road City Newbury State MA Zip Code 01951 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: 32229365</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Florence Wilson 1210 Petree Street, # 251 City El Cajon State CA Zip Code 92020 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: 32229366</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229367</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>
<p>Mailing Address Nancy Ashton 108 Briarcliff Ct</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>
<p>City Haddonfield State NJ Zip Code 08033</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229368</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>
<p>Mailing Address Masao Yafuso 25312 Cheyenne Way</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p>
<p>City Lake Forest State CA Zip Code 92630</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229369</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>
<p>Mailing Address Ruth Klouda 1210 52nd Street Drive</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>
<p>City Moline State IL Zip Code 61265</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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Susan Almy 266 Poverty Lane, # 4B City Lebanon State NH Zip Code 03766 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: 32229370</b> Date of Disbursement 03 / 20 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Robert Holdenvenzon 6722 Mewall Drive City San Diego State CA Zip Code 92119 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: 32229371</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Laurie Rogan 6715 102nd St Apt 3K City Forest Hills State NY Zip Code 11375 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: 32229372</b> Date of Disbursement 03 / 30 / 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:  
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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Marlene Sanders Toobin 670 West End Avenue City: New York State: NY Zip Code: 10025 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229373</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Margaret Podlich 2645 E Southern Ave Apt A226 City: Tempe State: AZ Zip Code: 85282 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229374</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Edward Pillar 668 Rochdale Circle City: Lombard State: IL Zip Code: 60148 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229375</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 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)

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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. Gabby Giffords Contributions</b>		Transaction ID: 32229376 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Patricia Swedlow 1353 Shady Avenue		Amount of Each Disbursement this Period 50.00
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. Gabby Giffords Contributions</b>		Transaction ID: 32229377 Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address Susan Collier 7330 Selden Roa		Amount of Each Disbursement this Period 20.00
City Le Roy State NY Zip Code 14482	[MEMO ITEM] MEMO	
Purpose of 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. Gabby Giffords Contributions</b>		Transaction ID: 32229378 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Jennifer Manning 7363 Swan Point Way		Amount of Each Disbursement this Period 35.00
City Columbia State MD Zip Code 21045	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Susan Addeleston 66 Merion Lane City Jackson State NJ Zip Code 08527 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32229379 Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 10.00 [MEMO ITEM] MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Susan Segal 74 Locust Lane City Eatons Neck State NY Zip Code 11768 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32229380 Date of Disbursement 03 / 30 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Dorothy Strickland 245 W. Juanita Avenue City Gilbert State AZ Zip Code 85233 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32229381 Date of Disbursement 03 / 22 / 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)

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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. Gabby Giffords Contributions</b>		Transaction ID: 32229382 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Sharon Schmidt 1509 Sandcastle Drive		Amount of Each Disbursement this Period 100.00
City Corona Del Mar State CA Zip Code 92625	[MEMO ITEM] MEMO	
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. Gabby Giffords Contributions</b>		Transaction ID: 32229383 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Angela Elliston 656 Sunset Lane		Amount of Each Disbursement this Period 25.00
City East Lansing State MI Zip Code 48823	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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. Gabby Giffords Contributions</b>		Transaction ID: 32229384 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Barbara Larsen 7415 Pyramid Place		Amount of Each Disbursement this Period 50.00
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 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Victoria Watkins 244 Madison Avenue, # 14E City: New York State: NY Zip Code: 10016 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229388</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mary Besore 2705 Stampede Court City: Rocklin State: CA Zip Code: 95765 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229389</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Lieselotte Betterman 1506 Willow Lane City: Mt. Prospect State: IL Zip Code: 60056 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229390</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229391</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>
<p>Mailing Address Sarah Glickenhaus 100 Dorchester Road</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p>City Scarsdale State NY Zip Code 10583</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229392</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>
<p>Mailing Address Ralph Bristol 643 W. Camino Corto</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>
<p>City Green Valley State AZ Zip Code 85614</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229393</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>
<p>Mailing Address Jane Walton 1564 Alki Avenue SW # 305</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p>City Seattle State WA Zip Code 98116</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)

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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. Gabby Giffords Contributions</b>		Transaction ID: 32229394 Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address Robert Piper 76 Hillman Street		Amount of Each Disbursement this Period 250.00
City New Bedford State MA Zip Code 02740	[MEMO ITEM] MEMO	
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. Gabby Giffords Contributions</b>		Transaction ID: 32229395 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address Sandra Lynch 7602 N 22nd Place		Amount of Each Disbursement this Period 100.00
City Phoenix State AZ Zip Code 85020	[MEMO ITEM] MEMO	
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. Gabby Giffords Contributions</b>		Transaction ID: 32229396 Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address Carol Seeds 13801 La Paloma Road		Amount of Each Disbursement this Period 25.00
City Los Altos State CA Zip Code 94022	[MEMO ITEM] MEMO	
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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Halene Graves 10 West Ridge Lane City Sheridan State WY Zip Code 82801 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: 32229397</b> Date of Disbursement 03 / 26 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Barbara Herzberg 713 N. Palm 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: 32229398</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Patrick Crowley 7470 Woolston Road City Bloomfield State NY Zip Code 14469 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: 32229399</b> Date of Disbursement 03 / 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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: George Czeczyk 15030 W Redfield Road City: Surprise State: AZ Zip Code: 85379 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229400 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Kathleen Visovatti 731 Watersedge Dr City: Ann Arbor State: MI Zip Code: 48105 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229401 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Pamela Reed 1503 Harbor View City: Austin State: TX Zip Code: 78746 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229402 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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 643 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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)</p> <p>Mailing Address Janice Victor 24 Magnolia Lane</p> <p>City Caldwell State NJ Zip Code 07006</p> <p>Purpose of 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: 32229403</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="07"/></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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Vicki Boxer-Samson 42108 N 101st Way</p> <p>City Scottsdale State AZ Zip Code 85262</p> <p>Purpose of 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: 32229404</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="07"/></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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Sylvia Wendell 24 Clifford Rd</p> <p>City Albany State NY Zip Code 12204</p> <p>Purpose of 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: 32229405</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.00"/></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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lucille Behrens 63 South Lilburn Drive City Garnerville State NY Zip Code 10923 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229406</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Suzanne Howell 7745 Clarks Chapel Road 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229407</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Elinor Green Hunter 4205 Military Road NW City Washington State DC Zip Code 20015 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229408</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 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) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Barbara Lehar</b> 3005 Stockett Way City <b>San Diego</b> State <b>CA</b> Zip Code <b>92117</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:		Transaction ID: 32229409 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 Amount of Each Disbursement this Period 200.00 [MEMO ITEM] MEMO
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Donald Epstein</b> 625 N. Palm Drive City <b>Beverly Hills</b> State <b>CA</b> Zip Code <b>90210</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:		Transaction ID: 32229410 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Afton Crooks</b> 6232 Manoa Street City <b>Oakland</b> State <b>CA</b> Zip Code <b>94618</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:		Transaction ID: 32229411 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229412</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>0</td><td>3</td><td></td><td>1</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	0	3		1	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	4		2	0	0	7													
<p>Mailing Address Mary Barber Holmes 1062 Old Graham 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 Pittsboro State NC Zip Code 27312</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229413</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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	3		2	0	0	7													
<p>Mailing Address Helen Volk 6201 Rutland Drive</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 Carmichael State CA Zip Code 95608</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229414</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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	3		2	0	0	7													
<p>Mailing Address Odessa Morris 237 16th Street SE</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 Washington State DC Zip Code 20003</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
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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)

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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. Gabby Giffords Contributions</b>		Transaction ID: 32229415 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address Mary Beth Norton 159 Remington Road		Amount of Each Disbursement this Period 100.00
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) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Gabby Giffords Contributions</b>		Transaction ID: 32229416 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Barbara Timmer 420 E 104th Street		Amount of Each Disbursement this Period 25.00
City Minneapolis State MN Zip Code 55420	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Gabby Giffords Contributions</b>		Transaction ID: 32229417 Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address Laurose Richter 620 Sand Hill Road		Amount of Each Disbursement this Period 100.00
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) ▼	[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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Carole Cotham-Machala 613 Flagler Road City Fort Collins State CO Zip Code 80525 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229418</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address David Saltonstall 235 E. 22nd Street, Apt. 4K City New York State NY Zip Code 10010 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229419</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Patricia Zimmermann 23416 Continental Way City Canyon Lake State CA Zip Code 92587 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229420</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 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 649 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Eleanor Schuker 150 W. End Avenue Apt. 26F 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: 32229421</b> Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Frances Pepper 233 Oliver Road City: Cincinnati State: OH Zip Code: 45215 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229422</b> Date of Disbursement 03 / 24 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Jean Grissim 78-7030 Alii Drive Apt. 301 City: Kailua Kona State: HI Zip Code: 96740 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229423</b> Date of Disbursement 03 / 19 / 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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Dorothy Weinstein 2818 N 46 Avenue 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: 32229424</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address G Truxton Ringe 2020 Cardinal Lane SE City Olympia 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: 32229425</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229426</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Nancy Yeager 1190 W Camino Sagasta</p> <p>Mailing Address</p> <p>City Green Valley State AZ Zip Code 85614</p> <p>Purpose of 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: 32229427</p> <p>Date of Disbursement 03 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Patricia Shanks 783 Contra Costa Avenue</p> <p>Mailing Address</p> <p>City Berkeley State CA Zip Code 94707</p> <p>Purpose of 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: 32229428</p> <p>Date of Disbursement 03 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Laura Murra 2325 Oak Street</p> <p>Mailing Address</p> <p>City Berkeley State CA Zip Code 94708</p> <p>Purpose of 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: 32229429</p> <p>Date of Disbursement 03 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Quentin Dixon 6 Ayer Road City: Acton State: MA Zip Code: 01720 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229430</b> Date of Disbursement 03 / 29 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Barbara Schmidt 4339 Center Oak Woods St City: San Antonio State: TX Zip Code: 78249 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229431</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Kathryn Fishman 2316 Clover Lane 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: 32229432</b> Date of Disbursement 03 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Lisa Berg 1470 Wentworth Ave City Sacramento State CA Zip Code 95822 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: 32229433</b> Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Nancy Chafin 5773 N Commercial Ave City Portland State OR Zip Code 97217 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: 32229434</b> Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Carol Triebel 2829 Nottingham City Houston State TX Zip Code 77005 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: 32229435</b> Date of Disbursement 03 / 16 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Linda Keetch 146 Paddock Avenue City Pismo Beach State CA Zip Code 93449 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229436</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229437</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Dana Thompson 23060 Evergreen Lane City Los Gatos State CA Zip Code 95033 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229438</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Philip Krevitsky 56 Roger Drive City Port Washington State NY Zip Code 11050 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32229439 Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nancy Regnier 8 Baylor Drive City Longmont State CO Zip Code 80503 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32229440 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Julia Vaughan 1178 Reas Ford Rd City Earlysville State VA Zip Code 22936 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32229441 Date of Disbursement M M / D D / Y Y Y Y 03 / 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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Mona Krook</p> <p>Mailing Address 5535 Waterman Blvd Apt. 3N</p> <p>City State Zip Code Saint Louis MO 63112</p> <p>Purpose of 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: 32229442</p> <p>Date of Disbursement 03 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Margaret Bowman</p> <p>Mailing Address 1448 Sunshade Lane</p> <p>City State Zip Code San Jose CA 95122</p> <p>Purpose of 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: 32229443</p> <p>Date of Disbursement 03 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Dolores Kaufmann</p> <p>Mailing Address 5533 Tiger Road</p> <p>City State Zip Code Edwardsville IL 62025</p> <p>Purpose of 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: 32229444</p> <p>Date of Disbursement 03 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] 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>	<p></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Kathy Jarrett</b> 5511 Golden Gate Avenue City <b>Oakland</b> State <b>CA</b> Zip Code <b>94618</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: 32229445</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Bonnie Heidinger</b> 225 Lamb Rd City <b>Carbondale</b> State <b>IL</b> Zip Code <b>62902</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: 32229446</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Kristell Wade</b> 79299 Wade Gulch Ln City <b>Lostine</b> State <b>OR</b> Zip Code <b>97857</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: 32229447</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Edith Lauderdale 55 Nonquitt Ave City So 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: 32229448</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Ruth Wright 1440 High Street City Boulder State CO Zip Code 80304 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229449</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Josephine Rawlings 2238 2nd Street City Wyandotte State MI Zip Code 48192 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229450</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

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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

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

<p><b>A. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229451</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>
<p>Mailing Address <b>Bamboo Solzman</b> 5455 S Hyde Park Blvd</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>
<p>City <b>Chicago</b> State <b>IL</b> Zip Code <b>60615</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229452</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>
<p>Mailing Address <b>Joyce Mitchell Price</b> 29 Placitas Trails Road</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p>City <b>Placitas</b> State <b>NM</b> Zip Code <b>87043</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229453</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>
<p>Mailing Address <b>Alice Wallace</b> 80 Borica Street</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>
<p>City <b>San Francisco</b> State <b>CA</b> Zip Code <b>94127</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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Lawrence Crooks</b> 5439 Sacramento Avenue City <b>Richmond</b> State <b>CA</b> Zip Code <b>94804</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: 32229454</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 75.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Tina Kroot-Jeffkroot</b> 222 Crescent Road City <b>San Anselmo</b> State <b>CA</b> Zip Code <b>94960</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: 32229455</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Dorothy Dodge</b> 16 Del Mesa Carmel City <b>Carmel</b> State <b>CA</b> Zip Code <b>93923</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: 32229456</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 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) ..... ▶	0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Ernest Bicknell Mailing Address Ernest Bicknell 5437 Thomas Avenue City Oakland State CA Zip Code 94618 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: 32229457</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Sally Mock Mailing Address Sally Mock 1433 Glenbrook Drive City Oklahoma City State OK Zip Code 73118 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229458</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Elaine Bayus Mailing Address Elaine Bayus 117 Requa Road City Piedmont 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229459</b> Date of Disbursement 03 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jacques Rondeau 2055 Park Road NW City Washington State DC Zip Code 20010 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: 32229460</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jennifer Sanford 802 H Gallop Hill Rd City Gaithersburg State MD Zip Code 20879 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: 32229461</b> Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Doris Jasinski 2215 73rd Street E. Lot 15 City Palmetto State FL Zip Code 34221 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: 32229462</b> Date of Disbursement 03 / 16 / 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 663 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Frances Meador 800 Lake Port Blvd Apt C502 City Leesburg State FL Zip Code 34748 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: 32229463 Date of Disbursement 03 / 26 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Venetia Holland 526 Alleghey Avenue City Baltimore State MD Zip Code 21204 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: 32229464 Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Joanna Chamberlain 525 E Wesleyan Drive City Tempe State AZ Zip Code 85282 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: 32229465 Date of Disbursement 03 / 20 / 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 664 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sharon Taylor 524 Park Avenue 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) ▼		Transaction ID: 32229466 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sally Mitchell 1400 Newcastle Street City Beaufort State SC Zip Code 29902 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32229467 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Martha Raak 220 Schenley Rd 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 32229468 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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 665 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Anne McAndrew 815 Devonport Lane City Seabrook State TX Zip Code 77586 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229469</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Hill Blackett 117 Requa Road City Piedmont 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: 32229470</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Grace McIlvain 5175 N Tigua Drive City Tucson State AZ Zip Code 85704 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229471</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Greenwald 10577 Drexton Place City: Newburgh State: IN Zip Code: 47630 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229472 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Joanna Nelson 5139 Englewood Drive City: San Jose State: CA Zip Code: 95129 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229473 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Claire Barnett 22 5th Avenue City: Saratoga Springs State: NY Zip Code: 12866 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229474 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 3 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)

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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. Gabby Giffords Contributions</b>		Transaction ID: 32229475 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Jane Ruehle 14000 E. Progress Way		Amount of Each Disbursement this Period 100.00
City Aurora State CO Zip Code 80015	[MEMO ITEM] MEMO	
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. Gabby Giffords Contributions</b>		Transaction ID: 32229476 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Calvin Stempel 14203 SW 66th Street		Amount of Each Disbursement this Period 50.00
City Miami State FL Zip Code 33183	[MEMO ITEM] MEMO	
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. Gabby Giffords Contributions</b>		Transaction ID: 32229477 Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address Betty Becker 101-A Cherry Street		Amount of Each Disbursement this Period 100.00
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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Janet Horan 2161 E Arabian Dr City Gilbert State AZ Zip Code 85296 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: 32229478</b> Date of Disbursement 03 / 20 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Ann Wansley 51 Chula Lane City San Francisco State CA Zip Code 94114 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: 32229479</b> Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Adair Waldenberg 838 Camden Lane City Northfield State IL Zip Code 60093 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229480</b> Date of Disbursement 03 / 20 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>David Pasta</b> 2970 South Court City <b>Palo Alto</b> State <b>CA</b> Zip Code <b>94306</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: 32229481</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Dorothy Givens</b> 849 Cascade Drive City <b>Sunnyvale</b> State <b>CA</b> Zip Code <b>94087</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: 32229482</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Leila Tolleson</b> 11613 SE 7th Street, Apt. 236 City <b>Vancouver</b> State <b>WA</b> Zip Code <b>98683</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: 32229483</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 5.00 <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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Kelman 1500 Sawyer Ave City: Manasquan State: NJ Zip Code: 08736 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229484</b> Date of Disbursement 03 / 05 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Cedric Bainton 50 Ventura Ave City: San Francisco State: CA Zip Code: 94116 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229485</b> Date of Disbursement 03 / 05 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Terry Maul 6155 Bluffwood Drive City: Riverside State: CA Zip Code: 92506 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229486</b> Date of Disbursement 03 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Claudia Bartelt PO Box 8 City Moss Landing State CA Zip Code 95039 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229487</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Patricia Johnson 5 W. Oak Street City Ramsey State NJ Zip Code 07446 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229488</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Mary Carter 109 Smithfield Drive City Endicott State NY Zip Code 13760 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229489</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Luana Miller 142 Maywood Way</p> <p>Mailing Address</p> <p>City San Rafael State CA Zip Code 94901</p> <p>Purpose of 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: 32229490</p> <p>Date of Disbursement 03 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Ronald Regal 2129 Sussex</p> <p>Mailing Address</p> <p>City Duluth State MN Zip Code 55803</p> <p>Purpose of 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: 32229491</p> <p>Date of Disbursement 03 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Diane Grunes 237 Trevethan Avenue</p> <p>Mailing Address</p> <p>City Santa Cruz State CA Zip Code 95062</p> <p>Purpose of 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: 32229492</p> <p>Date of Disbursement 03 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>[MEMO ITEM] 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Marjorie Ensminger 495 Village Drive City Bethlehem State PA Zip Code 18018 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229493</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Anne Smoke 2122 Massachusetts Avenue City Washington State DC Zip Code 20008 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229494</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Barbara Lyons 88 Central Park West 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: 32229495</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Deborah Friend 3 Crystal Lane City Newton State NH Zip Code 03858 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: 32229496</b> Date of Disbursement 03 / 17 / 2007 Amount of Each Disbursement this Period 5.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Virginia Rancont 2121 Cameron Circle City Birmingham State AL Zip Code 35242 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: 32229497</b> Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Roberta Potsic 1057 Beaumont Road City Berwyn State PA Zip Code 19312 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: 32229498</b> Date of Disbursement 03 / 25 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Carroll Thomas</b> 115 La Senda Road City <b>Los Alamos</b> State <b>NM</b> Zip Code <b>87544</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: 32229499</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 Amount of Each Disbursement this Period 125.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Edith Sobel</b> 14108 N. Biltmore Drive City <b>Tucson</b> State <b>AZ</b> Zip Code <b>85755</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: 32229500</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Anne Alexander</b> 2105 Schulle City <b>Austin</b> State <b>TX</b> Zip Code <b>78703</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: 32229501</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Elizabeth Fisk</p> <p>Mailing Address Elizabeth Fisk 770 Boylston Street, # 16G</p> <p>City Boston State MA Zip Code 02199</p> <p>Purpose of 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: 32229502</p> <p>Date of Disbursement 03 / 06 / 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Charlotte Lowrey</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: 32229503</p> <p>Date of Disbursement 03 / 21 / 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Barbara Starr</p> <p>Mailing Address Barbara Starr 48 Wardell Road</p> <p>City Livingston State NJ Zip Code 07039</p> <p>Purpose of 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: 32229504</p> <p>Date of Disbursement 03 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sadie Taylor 115 Kendal Drive 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) ▼		<b>Transaction ID: 32229505</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Ellen Singer 1 Charles 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229506</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lee Cali 2102 S. Elk Circle City Cottonwood State AZ Zip Code 86326 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229507</b> Date of Disbursement 03 / 20 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Patricia Dodd 4741 Shoremeade Rd. City Richmond State VA Zip Code 23234 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32229508 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>B. Gabby Giffords 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 32229509 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 200.00 [MEMO ITEM] MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Eva Shaye 2405 Briarcrest Road City Beverly Hills State CA Zip Code 90210 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 32229510 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 [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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Lelah Dushkin 1404 Legore Lane City: Manhattan State: KS Zip Code: 66502 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229511</b> Date of Disbursement 03 / 30 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Pearl Richardson 2727 29th Street NW Apt. 733 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: 32229512</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Nancy Peterson 839 Washington Avenue City: Albany State: CA Zip Code: 94706 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229513</b> Date of Disbursement 03 / 14 / 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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229514</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>
<p>Mailing Address: Sonia Lee Bunyan 4706 Olivia Avenue</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>
<p>City: Royal Oak State: MI Zip Code: 48073</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229515</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>
<p>Mailing Address: Corale Layne 7522 Bradshaw Road</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>
<p>City: Sacramento State: CA Zip Code: 95829</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229516</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>
<p>Mailing Address: Michael O'Connor 649 E. 14th Street, Apt. 2C</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>
<p>City: New York State: NY Zip Code: 10009</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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nancy Root 4840 Thunderbird Dr. City Boulder State CO Zip Code 80303 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229517</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Janet Roberts 4701 Fulton Street NW 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) ▼		<b>Transaction ID: 32229518</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Susan Jones 47-682 7 Hui Kelu 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: 32229519</b> Date of Disbursement 03 / 14 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Joanne Bernstein 47 Montell Street 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: 32229520</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: K Ann Stebbins 208 College View Drive City: Richmond State: KY Zip Code: 40475 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229521</b> Date of Disbursement 03 / 20 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Hill 47 Greenbriar Road City: Summit State: NJ Zip Code: 07901 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229522</b> Date of Disbursement 03 / 20 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nancy Marshall 1142 Village Way 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229523</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Susanne Buxton 1402 Lyons Avenue City Royal Oak State MI Zip Code 48073 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229524</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Vera Williams 88 Jane Street City New York State NY Zip Code 10014 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229525</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nancy Greenwood 486 N State St City Concord State NH Zip Code 03301 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: 32229526</b> Date of Disbursement 03 / 30 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nan Lowerre 212 North Street City Chagrin Falls State OH Zip Code 44022 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: 32229527</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Barbara Pollack 4125 E 2nd St City Long Beach State CA Zip Code 90803 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: 32229528</b> Date of Disbursement 03 / 26 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Joan McConkey 4860 Sioux Drive City: Boulder State: CO Zip Code: 80303 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229529</b> Date of Disbursement 03 / 19 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jon Holtzman 4850 Tobosa Rd City: Las Cruces State: NM Zip Code: 88011 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229530</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Alwyn Johnson 4601 Rue Belle Mer City: Sanibel State: FL Zip Code: 33957 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229531</b> Date of Disbursement 03 / 16 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Yves Kraus 151 Atwoodville Road City Mansfield Ctr State CT Zip Code 06250 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229532</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Gail Reinhart 2121 Jamieson Avenue #1806 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229533</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lucy Wilson 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: 32229534</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Ellen Eckels 1056 Tithing View Ct City: Riverton State: UT Zip Code: 84065 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229535</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Virginia Collins 1510 Bradley Avenue City: Rockville State: MD Zip Code: 20851 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229536</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period _____ 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Craig Madsen 1416 Dover Road City: Santa Barbara State: CA Zip Code: 93103 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229537</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Betty Vlack 1407 Oak Avenue 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) ▼		<b>Transaction ID: 32229538</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007 Amount of Each Disbursement this Period _____ 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Elaine Amromin 2065 Liliano Drive City: Sierra Madre State: CA Zip Code: 91024 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229539</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007 Amount of Each Disbursement this Period _____ 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Virginia Ann Kingsbury 455 Benderfield Drive City: Zionsville State: IN Zip Code: 46077 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229540</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 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) ..... ▶	_____ <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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229541</p> <p><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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	5		2	0	0	7													
<p>Mailing Address N Sue Alden 4540 8th Avenue NE # 802</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 Seattle State WA Zip Code 98105</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229542</p> <p><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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	0		2	0	0	7													
<p>Mailing Address Elizabeth Beaujour 450 West End Avenue</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 New York State NY Zip Code 10024</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229543</p> <p><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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	6		2	0	0	7													
<p>Mailing Address Maria Apollo 330 East Broadway</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 Port Jefferson Sta State NY Zip Code 11777</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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address M Robert Wochinger 89 Luyster Street City Huntingtn Sta State NY Zip Code 11746 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: 32229544 Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Theodora Elkinton Waring 45 Rochester Road City Newton State MA Zip Code 02458 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: 32229545 Date of Disbursement 03 / 20 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Stanley Strauss 1140 Breakers West Blvd City West Palm Beach State FL Zip Code 33411 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: 32229546 Date of Disbursement 03 / 16 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Barbara Wolff-Reichert</b> 45 Penhurst Park City <b>Buffalo</b> State <b>NY</b> Zip Code <b>14222</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: 32229547</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Carla McNeill</b> 1637 Cohasset Ave City <b>Lakewood</b> State <b>OH</b> Zip Code <b>44107</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: 32229548</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7 Amount of Each Disbursement this Period 35.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Leah Dick</b> 4912 Tattershall Way City <b>Lawton</b> State <b>OK</b> Zip Code <b>73501</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: 32229549</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Marjorie Kalins 140 Riverside Drive, Apt. 9J</p> <p>City: New York State: NY Zip Code: 10026</p> <p>Purpose of 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> 32229550 <b>Date of Disbursement:</b> 03 / 29 / 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Nancy Johnston 20500 Oak Highlands Avenue</p> <p>City: Tehachapi State: CA Zip Code: 93561</p> <p>Purpose of 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> 32229551 <b>Date of Disbursement:</b> 03 / 30 / 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Ted Thatcher 4415 Park Green Court</p> <p>City: Sacramento State: CA Zip Code: 95821</p> <p>Purpose of 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> 32229552 <b>Date of Disbursement:</b> 03 / 14 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sherry Nehmer 205 West End Avenue City New York State NY Zip Code 10023 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229553</b> Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address James Lyon 1005 Arlington Street City Clinton State MS Zip Code 39056 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: 32229554</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sara Wilson 14 Pond Rd # 55 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: 32229555</b> Date of Disbursement 03 / 22 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Morton Yuter 5 Dover Avenue City Garden City State NY Zip Code 11530 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229556</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Flora Harper 4903 Potomac Avenue NW 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) ▼		<b>Transaction ID: 32229557</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) 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: 32229558</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 5.00 <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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Eleanor Eisenberg 6961 184th Street City Flushing State NY Zip Code 11365 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229559</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jo Ann Byler 1523 E. Woodland Drive City Dalton Gardens State ID Zip Code 83815 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229560</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 8.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Barbara Lafer 44 Mandeville Drive City Wayne State NJ Zip Code 07470 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229561</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Sara Wilson 14 Pond Rd # 55</p> <p>City: Blue hill      State: ME      Zip Code: 04614</p> <p>Purpose of Disbursement: Candidate Contrib Earmarked</p> <p>Candidate Name: _____</p> <p>Office Sought: <input type="checkbox"/> House      Disbursement For: 2008  <input type="checkbox"/> Senate      <input checked="" type="checkbox"/> Primary      <input type="checkbox"/> General  <input type="checkbox"/> President      <input type="checkbox"/> Other (specify) ▼</p> <p>State: _____ District: _____</p>		<p><b>Transaction ID:</b> 32229565 <b>Date of Disbursement:</b> 03 / 15 / 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Cheryl Farmer 214 N. Huron Street, #1</p> <p>City: Ypsilanti      State: MI      Zip Code: 48197</p> <p>Purpose of Disbursement: Candidate Contrib Earmarked</p> <p>Candidate Name: _____</p> <p>Office Sought: <input type="checkbox"/> House      Disbursement For: 2008  <input type="checkbox"/> Senate      <input checked="" type="checkbox"/> Primary      <input type="checkbox"/> General  <input type="checkbox"/> President      <input type="checkbox"/> Other (specify) ▼</p> <p>State: _____ District: _____</p>		<p><b>Transaction ID:</b> 32229566 <b>Date of Disbursement:</b> 03 / 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>C. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Nancy Price 433 Madison</p> <p>City: San Antonio      State: TX      Zip Code: 78204</p> <p>Purpose of Disbursement: Candidate Contrib Earmarked</p> <p>Candidate Name: _____</p> <p>Office Sought: <input type="checkbox"/> House      Disbursement For: 2008  <input type="checkbox"/> Senate      <input checked="" type="checkbox"/> Primary      <input type="checkbox"/> General  <input type="checkbox"/> President      <input type="checkbox"/> Other (specify) ▼</p> <p>State: _____ District: _____</p>		<p><b>Transaction ID:</b> 32229567 <b>Date of Disbursement:</b> 03 / 16 / 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>	<p> </p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Amy Edwards 4315 SE Oak Street City Portland State OR Zip Code 97215 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229568</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Edith Bingham 4309 Glenview Avenue City Glenview State KY Zip Code 40025 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229569</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address James Feldman 14 Linda Lane City Newton Highlands 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229570</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Randy Castro</b> 4305 Lakeview Drive SE City <b>Port Orchard</b> State <b>WA</b> Zip Code <b>98366</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: 32229571</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Jan West</b> 4303 Reflections Parkway City <b>Sarasota</b> State <b>FL</b> Zip Code <b>34233</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: 32229572</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Diane Siegel Divita</b> 113 Randolph Street City <b>Northville</b> State <b>MI</b> Zip Code <b>48167</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: 32229573</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 12.00 <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)

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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. Gabby Giffords Contributions</b>		Transaction ID: 32229574 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address Carol Starmack 71 Leonard Street # 5N		Amount of Each Disbursement this Period 50.00
City New York State NY Zip Code 10013	[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. Gabby Giffords Contributions</b>		Transaction ID: 32229575 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Patricia House 43 Winthrop Street		Amount of Each Disbursement this Period 100.00
City Hallowell State ME Zip Code 04347	[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. Gabby Giffords Contributions</b>		Transaction ID: 32229576 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Marguerite Cullman 300 Park Drive		Amount of Each Disbursement this Period 50.00
City Severna Park State MD Zip Code 21146	[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

<p><b>A. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address <b>Anne Sapp</b> 2014 W. Shalimar Way</p> <p>City <b>Tucson</b> State <b>AZ</b> Zip Code <b>85704</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: 32229577</b></p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address <b>Anne Golseth</b> 429 La Quinta Lane</p> <p>City <b>Sonoma</b> State <b>CA</b> Zip Code <b>95476</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: 32229578</b></p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address <b>Susan Lamb</b> 428 North Saint Asaph Street</p> <p>City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314</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: 32229579</b></p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Freda Fuller 1233 N Beaver Creek Road City Seal Rock State OR Zip Code 97376 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229580</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Thelma Wells 427 Virginia Terrace City Madison State WI Zip Code 53726 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229581</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sandra Drant 201 Grant Street, # PH1 City Sewickley State PA Zip Code 15143 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229582</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 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)

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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. Gabby Giffords Contributions</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>Transaction ID: 32229583</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="07"/></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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address H Jean Kraft 508 Weir Road</p> <p>City Aston State PA Zip Code 19014</p> <p>Purpose of 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: 32229584</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="07"/></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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</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</p> <p>State: District:</p>		<p>Transaction ID: 32229585</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/></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>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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Dennis McGilligan 4230 Mandan Cres 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) ▼		<b>Transaction ID: 32229586</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Nancy Zuercher 423 Linden Avenue City: Vermillion State: SD Zip Code: 57069 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229587</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Thomas Kerenyi 1125 Park Avenue City: New York State: NY Zip Code: 10128 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229588</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Bradley Grainger 421 Highland Road 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:</b> 32229589 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Donald Ernst 2009 Kimmy Ln City: Arnold State: MO Zip Code: 63010 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229590 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 5.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Marjorie Saulson 26662 Scenic Hwy City: Franklin State: MI Zip Code: 48025 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32229591 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Joan Skurnik 216 West 89th Street, Apt. 8A 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:</b> 32229592 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Carol Georgopoulos 1125 Cuatro Cerros Trail SE City: Albuquerque State: NM Zip Code: 87123 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229593 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Arthur Canfield 42-129 Old Kalanianale Road City: Kailua State: HI Zip Code: 96734 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229594 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Margaret Grubbs 1382 Newtown Langhorne Rd. City Newtown State PA Zip Code 18940 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229595</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Melinda Hardin 7 Wharf Street City Alexandria State VA Zip Code 22314 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: 32229596</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Melissa Eppe 20 Village Lane City Santa Fe State NM Zip Code 87505 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229597</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Norma Liner 10953 Cherry Ridge 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229598</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Dorothy Baker 4196 Diamond Drive City: Eagan State: MN Zip Code: 55122 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229599</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Georgia Wright 105 Vicente Road City: Berkeley State: CA Zip Code: 94705 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229600</b> Date of Disbursement 03 / 16 / 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 709 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Ferdinand Schlapper 20 Quail Ridge Dr 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229601</b> Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Priscilla Hunt 10 Coolidge Hill Road 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229602</b> Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Laird Barber 419 W. 10th Street City Morris State MN Zip Code 56267 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: 32229603</b> Date of Disbursement 03 / 16 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Winson Ewing 4174 Timberline Road City Clinton State WA Zip Code 98236 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229604</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Kirsten Nathanson 1001 Pennsylvania Avenue NW City Washington State DC Zip Code 20004 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229605</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jane Bailey Burts 2143 Sherwood Avenue City Charlotte State NC Zip Code 28207 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229606</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Ellen Szuchmacher 5 Evergreen Circle City: Manhasset State: NY Zip Code: 11030 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229607</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Rosalie Heller 301 El Viento Street City: Los Alamos State: NM Zip Code: 87544 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229608</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Ralph Burr 415 South Street # 1201 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) ▼		<b>Transaction ID: 32229609</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address James Flaws 138 West Hill Terrace City Painted Post State NY Zip Code 14870 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: 32229610 Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) 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:		Transaction ID: 32229611 Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sheila Martin 20 Eagle Gap Road City Novato State CA Zip Code 94949 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: 32229612 Date of Disbursement 03 / 31 / 2007 Amount of Each Disbursement this Period 250.00 [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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Dorothy Thompson 5130 Burr Oaks Road</p> <p>City Oklahoma City State OK Zip Code 73105</p> <p>Purpose of 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: 32229613</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Lynda Brender 4121 Hampshire Blvd.</p> <p>City Fort Worth State TX Zip Code 76103</p> <p>Purpose of 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: 32229614</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <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>C. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Patty Jay 11213 Clear Oak Circle</p> <p>City New Port Richey State FL Zip Code 34654</p> <p>Purpose of 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: 32229615</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="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 714 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Gabby Giffords Contributions</b>		Transaction ID: 32229616 Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2007
Mailing Address Gary Bloom 4120 Geraldine Avenue # 7		Amount of Each Disbursement this Period 10.00
City St Ann State MO Zip Code 63074	[MEMO ITEM] MEMO	
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. Gabby Giffords Contributions</b>		Transaction ID: 32229617 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address Judith Townsend 20 Clairborne Ct		Amount of Each Disbursement this Period 25.00
City Bluffton State SC Zip Code 29909	[MEMO ITEM] MEMO	
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. Gabby Giffords Contributions</b>		Transaction ID: 32229618 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address Jean McCoy 4100 Well Spring Drive		Amount of Each Disbursement this Period 100.00
City Greensboro State NC Zip Code 27410	[MEMO ITEM] MEMO	
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)

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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. Gabby Giffords Contributions</b>		Transaction ID: 32229619 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Penelope Colman 138 Knickerbocker Road		Amount of Each Disbursement this Period 35.00
City Englewood State NJ Zip Code 07631	[MEMO ITEM] MEMO	
Purpose of 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. Gabby Giffords Contributions</b>		Transaction ID: 32229620 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Louise Richardson 1674 W Bullard Ave		Amount of Each Disbursement this Period 125.00
City Fresno State CA Zip Code 93711	[MEMO ITEM] MEMO	
Purpose of 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. Gabby Giffords Contributions</b>		Transaction ID: 32229621 Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address Charlotte Barkley 515 W. Madison Ave.		Amount of Each Disbursement this Period 100.00
City Prescott State AZ Zip Code 86301	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lois Alexanian 4082 Breakwood Drive City Houston State TX Zip Code 77025 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: 32229622</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Suzanne Benton 22 Donnelly Drive City Ridgefield State CT Zip Code 06877 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: 32229623</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Tamara Harris 10175 Sunstar Road City Monterey State CA Zip Code 93940 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229624</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Martha Frede 1000 Liberty Park Drive #106 City Austin State TX Zip Code 78746 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229625</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Patricia Preston 517 N. MacDonald City Mesa State AZ Zip Code 85201 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229626</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Christine Strain 404 Arnett Avenue City Ventura State CA Zip Code 93003 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229627</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Lynne Small 13654 Mango Drive</p> <p>City: Del Mar State: CA Zip Code: 92014</p> <p>Purpose of 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> 32229628 <b>Date of Disbursement:</b> 03 / 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Joyce Chase 2 Fifth Avenue</p> <p>City: NYC State: NY Zip Code: 10011</p> <p>Purpose of 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> 32229629 <b>Date of Disbursement:</b> 03 / 27 / 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Laurie Collins 914 Geneva Street</p> <p>City: Glendale State: CA Zip Code: 91207</p> <p>Purpose of 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> 32229630 <b>Date of Disbursement:</b> 03 / 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>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

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Susan Bierwirth Arbios 511 Fitch Street 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229631</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Margaret Brown 1121 Oregon Hollow Road City Holtwood State PA Zip Code 17532 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: 32229632</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Barbara Mackoy 928 Simon Drive City Cedar Hill State TX Zip Code 75104 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: 32229633</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 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)

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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. Gabby Giffords Contributions</b>		Transaction ID: 32229634 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address Joseph Williams 401 N. Du Quion Street # 4		Amount of Each Disbursement this Period 100.00
City Benton State IL Zip Code 62812	[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. Gabby Giffords Contributions</b>		Transaction ID: 32229635 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Christine Long 19710 W 13 Mile Rd # 203		Amount of Each Disbursement this Period 25.00
City Beverly Hills State MI Zip Code 48025	[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. Gabby Giffords Contributions</b>		Transaction ID: 32229636 Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address Sandra Adickes 93 Renaissance Lane		Amount of Each Disbursement this Period 50.00
City New Brunswick State NJ Zip Code 08901	[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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Daryl Boylan 197 Coolidge Terrace</p> <p>City Wyckoff State NJ Zip Code 07481</p> <p>Purpose of 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: 32229637</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Eva Edelstein 135 Mayberry Drive</p> <p>City Monroeville State PA Zip Code 15146</p> <p>Purpose of 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: 32229638</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="75.00"/></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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Patti Frounfelter 125 N. Pansy St</p> <p>City Ishpeming State MI Zip Code 49849</p> <p>Purpose of 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: 32229639</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="10.00"/></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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lorene Sarne 4 Monroe 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: 32229640</b> Date of Disbursement 03 / 30 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sandy Elkins 1345 Jabbet Drive City Plano State TX Zip Code 75025 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229641</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229642</b> Date of Disbursement 03 / 16 / 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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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Elizabeth Owen 10 Park Drive City: Yalaha State: FL Zip Code: 34797 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229643</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Cynthia Jimenez 932 Franklin Street 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: 32229644</b> Date of Disbursement 03 / 20 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Linda White 1120 E. Balboa Boulevard City: Balboa State: CA Zip Code: 92661 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229645</b> Date of Disbursement 03 / 28 / 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 724 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Elizabeth Jones 104 Gilley Drive City Williamsburg State VA Zip Code 23188 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229646</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lenore Levy 395 Rutland Avenue 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229647</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Joan Middleton 3920 Grand Ave. City Des Moines State IA Zip Code 50312 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229648</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 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 725 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Kyropoulos 1938 Mill Rd City: S Pasadena State: CA Zip Code: 91030 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229649 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 Amount of Each Disbursement this Period 15.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Bruce Hollingsworth 3905B Wiley Avenue City: Chattanooga State: TN Zip Code: 37412 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229650 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Edgar Chase 9406 Michael Drive City: Clinton State: MD Zip Code: 20735 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229651 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Barbara Hardman 39 Jane Lacey Drive, Apt. Q</p> <p>Mailing Address</p> <p>City Endicott State NY Zip Code 13760</p> <p>Purpose of 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: 32229652 Date of Disbursement 03 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 5.00</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) William Novoa 39 Farm Drive</p> <p>Mailing Address</p> <p>City Farmington State CT Zip Code 06032</p> <p>Purpose of 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: 32229653 Date of Disbursement 03 / 13 / 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Anne-Marie Schnetzler 388 Main Street</p> <p>Mailing Address</p> <p>City Morro Bay State CA Zip Code 93442</p> <p>Purpose of 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: 32229654 Date of Disbursement 03 / 13 / 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>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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229655</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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	6		2	0	0	7													
<p>Mailing Address Louis Rosenblum 1335 N. Astor Street, Apt. 13C</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">25.00</td> </tr> </table>	25.00																			
25.00																						
<p>City Chicago State IL Zip Code 60610</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 <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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229656</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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	0		2	0	0	7													
<p>Mailing Address Lois Herrmann 530 Calle Corvo</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">50.00</td> </tr> </table>	50.00																			
50.00																						
<p>City Santa Fe State NM Zip Code 87501</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 <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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229657</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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	0		2	0	0	7													
<p>Mailing Address Mary Cogswell 1931 Mercedes Court</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">250.00</td> </tr> </table>	250.00																			
250.00																						
<p>City Atlanta State GA Zip Code 30345</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 <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>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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Cora Biernat 3839 Hart Blvd. Apt. 313 City Minneapolis State MN Zip Code 55421 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229658</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Evelyn Swenson 104 Aylesbury Hill Street City San Antonio State TX Zip Code 78209 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229659</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Donna Huckins 13010 Sandy Key Bend #2 City Fort Myers State FL Zip Code 33903 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229660</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jan Flora 1902 George Allen Ave. City Ames State IA Zip Code 50010 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229661</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Paul Aldrich 38 Cloud Leaf Place City The Woodlands State TX Zip Code 77381 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: 32229662</b> Date of Disbursement 03 / 19 / 2007 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Bernice Pernhall 1330 N.W. 26th Lane City Delray Beach State FL Zip Code 33445 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: 32229663</b> Date of Disbursement 03 / 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**

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229664</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>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	9		2	0	7														
<p>Mailing Address Robert Lawrence 535 NW Mountain Laurel Circle</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 Corvallis State OR Zip Code 97330</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229665</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>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	6		2	0	7														
<p>Mailing Address Bonnie Flory 1902 Adams Street</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 Hollywood State FL Zip Code 33020</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229666</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>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	3		2	0	7														
<p>Mailing Address Bernice Elkin 3737 Atlantic Avenue Apt 1101</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 Long Beach State CA Zip Code 90807</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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Patricia Hok 1111 Alvarado Avenue 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) ▼		<b>Transaction ID: 32229667</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lee 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229668</b> Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Mary Allen 19 W. 10th Street 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229669</b> Date of Disbursement 03 / 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)

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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. Gabby Giffords Contributions</b>		Transaction ID: 32229670 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Margaret Hogan 9434 N 125th Pl		Amount of Each Disbursement this Period 50.00
City Scottsdale State AZ Zip Code 85259	[MEMO ITEM] MEMO	
Purpose of 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. Gabby Giffords Contributions</b>		Transaction ID: 32229671 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Patricia Lein 2201 Third Ave.		Amount of Each Disbursement this Period 100.00
City Seattle State WA Zip Code 98121	[MEMO ITEM] MEMO	
Purpose of 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. Gabby Giffords Contributions</b>		Transaction ID: 32229672 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Ann Owchar 3726 SW Webster Street		Amount of Each Disbursement this Period 15.00
City Seattle State WA Zip Code 98126	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Alison Hannan 19 S Belden Hill Road City Guilford State VT Zip Code 05301 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: 32229673</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Moly Cornell 37 Shapquit Bars Road City Falmouth State MA Zip Code 02540 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: 32229674</b> Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Carolyn Crutchfield 133 Santolina Park City Peachtree City State GA Zip Code 30269 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: 32229675</b> Date of Disbursement 03 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Susan Hodge 368 Edgewood Avenue City Teaneck State NJ Zip Code 07666 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229676</b> Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Julia Jay 1038 Etherton Drive City Saint Louis State MO Zip Code 63126 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: 32229677</b> Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Mary Elizabeth Ford 1890 East 107th Street #302 City Cleveland State OH Zip Code 44106 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: 32229678</b> Date of Disbursement 03 / 16 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Susan Press 3604 Shepherd Street City Chevy Chase State MD Zip Code 20815 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 32229679 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Margaret George 133 Progress Drive City Doylestown State PA Zip Code 18901 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 32229680 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Norma Stone 3601 Turtle Creek Blvd. City Dallas State TX Zip Code 75219 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 32229681 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 7 Amount of Each Disbursement this Period 75.00 [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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Richard Lieber 11100 Springmall Rd. City Carmel State IN Zip Code 46032 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: 32229682 Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Amy Vandersall 360 20th Street City Boulder State CO Zip Code 80302 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 32229683 Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sonia Ragir 188 Abbey Road City Mt Tremper State NY Zip Code 12457 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: 32229684 Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 10.00 [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)

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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. Gabby Giffords Contributions</b>		Transaction ID: 32229685 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Gifford Asher 36 Northwood Lane		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	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. Gabby Giffords Contributions</b>		Transaction ID: 32229686 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Leal Abbott 359 Quail Drive		Amount of Each Disbursement this Period 10.00
City Woodland State CA Zip Code 95695	[MEMO ITEM] MEMO	
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: 32229687 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Joanne Travers 13210 Lagunita Way		Amount of Each Disbursement this Period 100.00
City Sutter Creek State CA Zip Code 95685	[MEMO ITEM] MEMO	
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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Gloria Margulies 5502 Murietta Avenue City: Sherman Oaks State: CA Zip Code: 91401 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229688</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period _____ 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Donna Favour 9523 Fallbrook Drive City: Dallas State: TX Zip Code: 75243 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229689</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period _____ 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Holt 18616 N. 99th Avenue # 2027 City: Sun City State: AZ Zip Code: 85373 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229690</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 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) ..... ▶	_____ <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)

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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. Gabby Giffords Contributions</b>		Transaction ID: 32229691 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address Helen Waterbury 3057 S. Higuera, # 181		Amount of Each Disbursement this Period 25.00
City San Luis Obispo	State CA	
Zip Code 93401		[MEMO ITEM] MEMO
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. Gabby Giffords Contributions</b>		Transaction ID: 32229692 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Andrew Wright 356 W. 11th Street		Amount of Each Disbursement this Period 250.00
City Claremont	State CA	
Zip Code 91711		[MEMO ITEM] MEMO
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. Gabby Giffords Contributions</b>		Transaction ID: 32229693 Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address Lea Csala 356 S. River Street		Amount of Each Disbursement this Period 50.00
City Wilkes Barre	State PA	
Zip Code 18702		[MEMO ITEM] MEMO
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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Bundy 170 E 79th Street City: New York State: NY Zip Code: 10021 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32229694 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Margaret Macdonald 354 Carolina Meadows City: Chapel Hill State: NC Zip Code: 27517 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229695 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Neil Woodruff 22802 Oatlands Grove Place City: Ashburn State: VA Zip Code: 20148 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229696 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7 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)

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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. Gabby Giffords Contributions</b>		Transaction ID: 32229697 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Tonia Brown 3525 N San Carlos Drive		Amount of Each Disbursement this Period 25.00
City Eloy State AZ Zip Code 85231	[MEMO ITEM] MEMO	
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. Gabby Giffords Contributions</b>		Transaction ID: 32229698 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Penny Packard 3520 2nd Avenue NE		Amount of Each Disbursement this Period 25.00
City Naples State FL Zip Code 34120	[MEMO ITEM] MEMO	
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. Gabby Giffords Contributions</b>		Transaction ID: 32229699 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address James Wingard 1851 N Hawthorne Dr		Amount of Each Disbursement this Period 25.00
City Tacoma State WA Zip Code 98406	[MEMO ITEM] MEMO	
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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Diane Dalsimer 111 Lakeside Circle City Pompano Beach State FL Zip Code 33060 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229700</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Francis Doran 3517 Hillcrest Drive City Belmont State CA Zip Code 94002 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229701</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Geraldine Howard P.O. Box 828 City Clinton State WA Zip Code 98236 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229702</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Bonnie Clendenning 23 Blake Street City: Newton State: MA Zip Code: 02460 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229703</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Karen Kahler 3500 E. Lincoln Drive City: Phoenix State: AZ Zip Code: 85018 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229704</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Sara Schechter-Schoeman 1823 Heyward Street City: Columbia State: SC Zip Code: 29205 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229705</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Susan Brauneiss 555 North Bristol Avenue City Los Angeles State CA Zip Code 90049 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229706</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Deborah Franczek 5555 Everett # 7D 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: 32229707</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address William Ivan Shorter 1311 Lakeside Avenue City Baltimore State MD Zip Code 21218 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229708</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Frances Bull 3467 Craig Road 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) ▼		<b>Transaction ID: 32229709</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Mary Riccobono 1807 Restful Dr City Bradenton State FL Zip Code 34207 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229710</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address John Higham 100 Yale Road City Menlo Park State CA Zip Code 94025 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229711</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 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)

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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. Gabby Giffords Contributions</b>		Transaction ID: 32229712 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address Megan Thomas 1173 Colusa Avenue		Amount of Each Disbursement this Period 100.00
City Berkeley State CA Zip Code 94707	[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. Gabby Giffords Contributions</b>		Transaction ID: 32229713 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Susan Linde 3449 Keswick Road		Amount of Each Disbursement this Period 20.00
City Baltimore State MD Zip Code 21211	[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. Gabby Giffords Contributions</b>		Transaction ID: 32229714 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Elizabeth Reitbauer 560 Little Lake Drive, # 20		Amount of Each Disbursement this Period 35.00
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>A. Contreras</b> 1805 Lyndon Road City <b>San Diego</b> State <b>CA</b> Zip Code <b>92103</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:		Transaction ID: 32229715 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> [MEMO ITEM] MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	7		50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	3		2	0	7															
50.00																							

<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Patricia Norred-Derr</b> 343 Rosedale Drive City <b>Pottstown</b> State <b>PA</b> Zip Code <b>19464</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:		Transaction ID: 32229716 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> [MEMO ITEM] MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	7		100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	0		2	0	7															
100.00																							

<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Theodor Schuchat</b> 11015 S.E. Lake Road City <b>Bellevue</b> State <b>WA</b> Zip Code <b>98004</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:		Transaction ID: 32229717 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> [MEMO ITEM] MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	7		100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	4		2	0	7															
100.00																							

<b>SUBTOTAL</b> of Disbursements 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 B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Robert Pancner 7936 Redondo Court City Darien State IL Zip Code 60561 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229718</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Ann Beyer 343 Rim Road City Los Alamos State NM Zip Code 87544 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229719</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Dolores Rosoff 1310 Primavera St Unit 143 City Salinas State CA Zip Code 93901 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229720</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Jean Myers 1036 Elizabeth Drive</p> <p>Mailing Address</p> <p>City McMurray State PA Zip Code 15317</p> <p>Purpose of 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: 32229721</p> <p>Date of Disbursement 03 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 10.00</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Genevieve Tvrdik 341 Stehman Road</p> <p>Mailing Address</p> <p>City Lancaster State PA Zip Code 17603</p> <p>Purpose of 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: 32229722</p> <p>Date of Disbursement 03 / 21 / 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Janice Thompson 180 Portsmouth Circle</p> <p>Mailing Address</p> <p>City Glen Mills State PA Zip Code 19342</p> <p>Purpose of 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: 32229723</p> <p>Date of Disbursement 03 / 16 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Peggy Jones 341 Brockway Pl City: Saginaw State: MI Zip Code: 48602 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229724</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Barbara Fitzpatrick 7901 Seminole Blvd. City: Seminole State: FL Zip Code: 33772 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229725</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Linda Barter 3395 E. Second Street City: Tucson State: AZ Zip Code: 85716 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229726</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address C. Joyce France 1101 Spruce Avenue City Alamogordo State NM Zip Code 88310 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: 32229727</b> Date of Disbursement 03 / 20 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Marie Kingdon 1062 Carter's Grove City Indianapolis State IN Zip Code 46260 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: 32229728</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Rhonda Wright 3363 Narrow Lane Road City Montgomery State AL Zip Code 36111 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: 32229729</b> Date of Disbursement 03 / 15 / 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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Carol Edmunds 308 Silver Street 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: 32229730</b> Date of Disbursement 03 / 20 / 2007 Amount of Each Disbursement this Period 30.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Judith Dubin 9936 Beverly Grove Drive City Beverly Hilllls 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: 32229731</b> Date of Disbursement 03 / 30 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jodi Lustig 130 W 79th #6F 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: 32229732</b> Date of Disbursement 03 / 26 / 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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Maria Meuse 3358 Woodburn Road#33</p> <p>City Annandale State VA Zip Code 22003</p> <p>Purpose of 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: 32229733</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <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="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>B. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address A. Shor 18 Pecan Court</p> <p>City Mount Laurel State NJ Zip Code 08054</p> <p>Purpose of 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: 32229734</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Ruth Swenson 2308 Hamilton Drive</p> <p>City Ames State IA Zip Code 50014</p> <p>Purpose of 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: 32229735</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="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 754 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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)</p> <p>Mailing Address Karla Bassler 18 Old Farm Lane</p> <p>City Attleboro State MA Zip Code 02703</p> <p>Purpose of 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: 32229736</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Adele Harris 3339 Bay Front Drive</p> <p>City Baldwin State NY Zip Code 11510</p> <p>Purpose of 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: 32229737</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <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="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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Evelyn Feintech 10106 Emphyrean Way #102</p> <p>City Los Angeles State CA Zip Code 90067</p> <p>Purpose of 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: 32229738</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <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="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>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 755 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nancy Ellingham 14601 S.E. 55th Street City Bellevue State WA Zip Code 98006 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229739</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Joan Steele 332 Glenn Street City Ashland State OR Zip Code 97520 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229740</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Alice Ramsay 566 S. LaLonde Avenue City Lombard State IL Zip Code 60148 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229741</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 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 756 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) D. McGill POB 619</p> <p>Mailing Address</p> <p>City Bayfield State CO Zip Code 81122</p> <p>Purpose of 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: 32229742</p> <p>Date of Disbursement 03 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Enid Klauber 17857 Arbor Greene DR</p> <p>Mailing Address</p> <p>City Tampa State FL Zip Code 33647</p> <p>Purpose of 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: 32229743</p> <p>Date of Disbursement 03 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Susan Fischer 563 Orchid Lane</p> <p>Mailing Address</p> <p>City Del Mar State CA Zip Code 92014</p> <p>Purpose of 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: 32229744</p> <p>Date of Disbursement 03 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Helen Wells PO Box 61125 City: Pasadena State: CA Zip Code: 91116 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229745</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period _____ 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Marie Roberts P.O. Box 5676 City: Frisco State: CO Zip Code: 80443 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229746</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period _____ 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jean Lincoln P.O. Box 5876 City: Burlington State: VT Zip Code: 05402 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229747</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 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) ..... ▶	_____ <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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Lillian Lin P.O. Box 15351</p> <p>Mailing Address</p> <p>City Atlanta State GA Zip Code 30333</p> <p>Purpose of 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: 32229748</p> <p>Date of Disbursement 03 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Nita Corinblit 5854 Hillview Park Avenue</p> <p>Mailing Address</p> <p>City Valley Glen State CA Zip Code 91401</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 32229749</p> <p>Date of Disbursement 03 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Ruth Pearl 5810 Inman Park Circle</p> <p>Mailing Address</p> <p>City Bethesda State MD Zip Code 20852</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 32229750</p> <p>Date of Disbursement 03 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM] 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Patricia Glaude PO Box 3204 City Hayward State CA Zip Code 94540 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229751</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Margaret Moody 3103 Mobley Street City San Diego State CA Zip Code 92123 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229752</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Mark Benard P.O. Box 19350 City New Orleans State LA Zip Code 70179 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229753</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 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) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Gabby Giffords Contributions</b>		Transaction ID: 32229754 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Ruth Iwano 175 W 93rd Apt Apt 9E		Amount of Each Disbursement this Period 100.00
City New York State NY Zip Code 10025	[MEMO ITEM] MEMO	
Purpose of 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. Gabby Giffords Contributions</b>		Transaction ID: 32229755 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address Sarah Hancock 31 Summit Rd		Amount of Each Disbursement this Period 500.00
City Belmont State MA Zip Code 02478	[MEMO ITEM] MEMO	
Purpose of 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. Gabby Giffords Contributions</b>		Transaction ID: 32229756 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Margaret Barrett 58 Upper Lake Shore Drive		Amount of Each Disbursement this Period 150.00
City Katonah State NY Zip Code 10536	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Elizabeth Byrne Schill 231-05 87th Avenue City Queens Village State NY Zip Code 11427 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229757</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Ruth Peace P.O. Box 23 City Carmel Valley State CA Zip Code 93924 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229758</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Mary McCully 282 Woodlawn Terrace City Bamberg State SC Zip Code 29003 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229759</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address James Gamble 320 West 19th St., #3B 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229760</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Barbara Matthews PO Box 10553 City Fairbanks State AK Zip Code 99710 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229761</b> Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Annie McGreevy P.O. Box 207 City Sonoita State AZ Zip Code 85637 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229762</b> Date of Disbursement 03 / 16 / 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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Eva Jane Coombe</p> <p>Mailing Address Eva Jane Coombe 6 Corbin Drive</p> <p>City Cincinnati State OH Zip Code 45208</p> <p>Purpose of 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: 32229763</p> <p>Date of Disbursement 03 / 14 / 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) David Petrig</p> <p>Mailing Address David Petrig 1721 Saulters Road</p> <p>City Homewood State AL Zip Code 35209</p> <p>Purpose of 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: 32229764</p> <p>Date of Disbursement 03 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 20.00</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Jean Smith</p> <p>Mailing Address Jean Smith P.O. Box 251</p> <p>City Sonoita State AZ Zip Code 85637</p> <p>Purpose of 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: 32229765</p> <p>Date of Disbursement 03 / 26 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Margaret Phelan 604 Juanita Avenue City Millbrae State CA Zip Code 94030 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229766</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Ellanor Malinowski 13 Peacock Court City San Rafael State CA Zip Code 94901 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229767</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229768</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Elaine Bridges P.O. Box 3605 City San Angelo State TX Zip Code 76902 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: 32229769</b> Date of Disbursement 03 / 20 / 2007 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Anna May 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: 32229770</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Olga Dworkin 31401 Stonewood Court West City Farmington Hills State MI Zip Code 48334 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: 32229771</b> Date of Disbursement 03 / 14 / 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 766 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Gabby Giffords Contributions</b>		Transaction ID: 32229772 Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address Geraldine Merrill House County Road 830		Amount of Each Disbursement this Period 100.00
City Trinidad	State CO	
Purpose of Disbursement Candidate Contrib Earmarked		Category/ Type
Candidate Name		
State: District:		Full Name (Last, First, Middle Initial) <b>B. Gabby Giffords Contributions</b>

Full Name (Last, First, Middle Initial) <b>B. Gabby Giffords Contributions</b>		Transaction ID: 32229773 Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address Gregory Fowler P.O. Box 390689		Amount of Each Disbursement this Period 40.00
City Mountain View	State CA	
Purpose of Disbursement Candidate Contrib Earmarked		Category/ Type
Candidate Name		
State: District:		Full Name (Last, First, Middle Initial) <b>C. Gabby Giffords Contributions</b>

Full Name (Last, First, Middle Initial) <b>C. Gabby Giffords Contributions</b>		Transaction ID: 32229774 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Cyrus Banning P.O. Box 397		Amount of Each Disbursement this Period 50.00
City Gambier	State OH	
Purpose of Disbursement Candidate Contrib Earmarked		Category/ Type
Candidate Name		
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 767 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Gabby Giffords Contributions</b>		Transaction ID: 32229775 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address Joyce Tigner 100 Regional Court		Amount of Each Disbursement this Period 50.00
City Flemington State NJ Zip Code 08822	[MEMO ITEM] MEMO	
Purpose of 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. Gabby Giffords Contributions</b>		Transaction ID: 32229776 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Frances Pepper 233 Oliver Road		Amount of Each Disbursement this Period 100.00
City Cincinnati State OH Zip Code 45215	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Gabby Giffords Contributions</b>		Transaction ID: 32229777 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Melita Moore 10 Loeffler Road		Amount of Each Disbursement this Period 100.00
City Bloomfield State CT Zip Code 06002	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Anita Siegenthaler P.O. Box 336 City Pt. Clyde State ME Zip Code 04855 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: 32229778</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Patricia Voelz 3055 Bentwater Dr City Montgomery State TX Zip Code 77356 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: 32229779</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229780</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Benjamin Bird P.O. Box 356 City Flint Hill State VA Zip Code 22627 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: 32229781</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Andrew Brainerd 612 Deming Place 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: 32229782</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Boyer Jarvis 2357 Blaine Avenue City Salt Lake City State UT Zip Code 84108 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: 32229783</b> Date of Disbursement 03 / 16 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Olivia Quijano 1738 County Hwy 29 City: Oneonta State: AL Zip Code: 35121 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229784</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Marilyn Hollinshead P.O. Box 3000-3122 City: WestTisbury State: MA Zip Code: 02575 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229785</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Carin Green 1268 Chamberlain Drive City: Iowa City State: IA Zip Code: 52240 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229786</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address John Morrill 316 S. Irving Street City Arlington State VA Zip Code 22204 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229787</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Madeleine Littman 175 Richdale Avenue, # 114 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: 32229788</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Clara Schiffer 3125 Patterson Street, N.W. City Washington State DC Zip Code 20015 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229789</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address James Kline 1500 Sheridan Road City Wilmette State IL Zip Code 60091 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: 32229790 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 500.00 [MEMO ITEM] MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lloyd Blankenship 3122 No. Sheridan Road # 1B City Chicago State IL Zip Code 60607 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: 32229791 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Richard Goodwin P.O. Box 2040 City Salem State CT Zip Code 06420 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: 32229792 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 125.00 [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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Suzanne Barnett P.O. Box 50 City: Nazareth State: KY Zip Code: 40048 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229793</b> Date of Disbursement 03 / 30 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Saralyn Daly 6211 Gyril Drive City: Tujunga State: CA Zip Code: 91042 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229794</b> Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Stanley Bier P.O. Box 192 City: Colonia State: NJ Zip Code: 07067 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229795</b> Date of Disbursement 03 / 13 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Darlene Clements 319 Montfort Drive City: San Antonio State: TX Zip Code: 78216 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229796</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Linda Golodner 1739 Q Street, N.W. City: Washington State: DC Zip Code: 20009 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229797</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Roni Gurland 11 Riverside Drive, # 5F-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: 32229798</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 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)

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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. Gabby Giffords Contributions</b>		Transaction ID: 32229799 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Sarah Jones P.O. Box 186		Amount of Each Disbursement this Period 100.00
City Riderwood State MD Zip Code 21139	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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. Gabby Giffords Contributions</b>		Transaction ID: 32229800 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Mary Thomas P.O. Box 598		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		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32229801 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address WKirk Avery PO Box 411 (Mail)		Amount of Each Disbursement this Period 25.00
City Bridgewater State MA Zip Code 02324	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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)

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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. Gabby Giffords Contributions</b>		Transaction ID: 32229802 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Shirley Seher 310 11th Avenue SE		Amount of Each Disbursement this Period 25.00
City Jamestown State ND Zip Code 58401	[MEMO ITEM] MEMO	
Purpose of 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. Gabby Giffords Contributions</b>		Transaction ID: 32229803 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Shirley Kalb 1255 North Avenue		Amount of Each Disbursement this Period 100.00
City New Rochelle State NY Zip Code 10804	[MEMO ITEM] MEMO	
Purpose of 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. Gabby Giffords Contributions</b>		Transaction ID: 32229804 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Eileen Siedman 12 Lomita Drive		Amount of Each Disbursement this Period 25.00
City Mill Valley State CA Zip Code 94941	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229805</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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	3		2	0	0	7													
<p>Mailing Address Patrick Falvey P.O. Box 1211</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 Greenfield State MA Zip Code 01302</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229806</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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	0		2	0	0	7													
<p>Mailing Address Barbara Moxon 31 Joseph Walker Drive</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 West Columbia State SC Zip Code 29169</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229807</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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	2		2	0	0	7													
<p>Mailing Address Polly Masters P.O. Box 106</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>200.00</td> </tr> </table>	200.00																			
200.00																						
<p>City Ancramdale State NY Zip Code 12503</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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Joan Bramick 32 Childsworth Avenue City: Bernardsville State: NJ Zip Code: 07924 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229808</b> Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Lynette Reilly 12516 Davan Drive City: Silver Spring State: MD Zip Code: 20904 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229809</b> Date of Disbursement 03 / 20 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) 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: 32229810</b> Date of Disbursement 03 / 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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Amy Lowrey</p> <p>Mailing Address 1502 Newning Avenue</p> <p>City Austin State TX Zip Code 78704</p> <p>Purpose of 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: 32229811</p> <p>Date of Disbursement 03 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>[MEMO ITEM] MEMO</p>
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<p><b>B. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Dorothy White</p> <p>Mailing Address 6100 Westchester Park Drive</p> <p>City College Park State MD Zip Code 20740</p> <p>Purpose of 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: 32229812</p> <p>Date of Disbursement 03 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>[MEMO ITEM] MEMO</p>
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<p><b>C. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Karen Wiskoff</p> <p>Mailing Address 307A Mar Vista Drive</p> <p>City Monterey State CA Zip Code 93940</p> <p>Purpose of 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: 32229813</p> <p>Date of Disbursement 03 / 22 / 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Ora Gelberg 170 Park Row, Apt. 8C</p> <p>City: New York State: NY Zip Code: 10038</p> <p>Purpose of 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> 32229814 <b>Date of Disbursement:</b> 03 / 23 / 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Claire Levine 307 South Dithridge Street</p> <p>City: Pittsburgh State: PA Zip Code: 15213</p> <p>Purpose of 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> 32229815 <b>Date of Disbursement:</b> 03 / 19 / 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Carol Thomas 9917 Queen Circle</p> <p>City: Bloomington State: MN Zip Code: 55431</p> <p>Purpose of 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> 32229816 <b>Date of Disbursement:</b> 03 / 14 / 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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(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Phyllis Kiehl 6301 Trappers Trail City Anchorage State AK Zip Code 99516 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32229817 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Emily Mason Kahn 32 W 20th Street 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 32229818 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO
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<b>C. Gabby Giffords 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) ▼		Transaction ID: 32229819 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Dianne Smith 5705 E. Horseshoe Road City Paradise Vly 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229820</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address John Jevitts 97 North Main Street City West Hartford State CT Zip Code 06107 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229821</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7 Amount of Each Disbursement this Period 15.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Kathleen Smith 6324 Morrowfield 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: 32229822</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Elizabeth Duff 24 Srape Avenue City Salem State NJ Zip Code 08079 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229823</b> Date of Disbursement 03 / 30 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Phyllis Kaufman 33470 SW Chinook Plaza City Scappoose State OR Zip Code 97056 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229824</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Garnet Gorin 271 Cecelia Way City Bel Tiburon State CA Zip Code 94920 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229825</b> Date of Disbursement 03 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Peggy DiPaola 1504 W. Exchange Street City: Akron State: OH Zip Code: 44313 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229826</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Elaine Magilner 1251 Fairacres Road City: Jenkintown State: PA Zip Code: 19046 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229827</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Raymond O'Day 9510 Old Hyde Park Place City: Bradenton State: FL Zip Code: 34202 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229828</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 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

<p><b>A. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Edgar Smith P.O. Box 989</p> <p>City Morro Bay State CA Zip Code 93443</p> <p>Purpose of 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: 32229829</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Karlyn Sugai 11 Landers Street</p> <p>City San Francisco State CA Zip Code 94114</p> <p>Purpose of 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: 32229830</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <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>C. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Janet McDaniel 951 Spencer</p> <p>City Los Altos State CA Zip Code 94024</p> <p>Purpose of 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: 32229831</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Gabby Giffords Contributions</p> <p>Mailing Address Patsy Rogers P.O. Box 616</p> <p>City New Suffolk State NY Zip Code 11956</p> <p>Purpose of 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: 32229832</p> <p>Date of Disbursement 03 / 30 / 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Gabby Giffords Contributions</p> <p>Mailing Address Joan Boegel 772 Oak Oval</p> <p>City Mechanicsburg State PA Zip Code 17007</p> <p>Purpose of 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: 32229833</p> <p>Date of Disbursement 03 / 14 / 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Gabby Giffords Contributions</p> <p>Mailing Address Marian Edelstein 180 E. Pearson Street</p> <p>City Chicago State IL Zip Code 60611</p> <p>Purpose of 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: 32229834</p> <p>Date of Disbursement 03 / 20 / 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>	<p></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Robert West 305 Nautilus Drive City Madison State WI Zip Code 53705 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229835</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Arax Hicks 170 Avenue C Apt 10C 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) ▼		<b>Transaction ID: 32229836</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Elisabeth Greco 6417 Kenhowe Drive City Bethesda State MD Zip Code 20817 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229837</b> Date of Disbursement 03 / 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)

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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. Gabby Giffords Contributions</b>		Transaction ID: 32229838 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address: Joan Weeks 9420 Old Bonhomme Road		Amount of Each Disbursement this Period 20.00
City: Saint Louis State: MO Zip Code: 63132	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Gabby Giffords Contributions</b>		Transaction ID: 32229839 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address: Doris Bergen 642 Shultz Drive		Amount of Each Disbursement this Period 100.00
City: Hamilton State: OH Zip Code: 45013	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Gabby Giffords Contributions</b>		Transaction ID: 32229840 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address: Suanne Dullard PO Box 14		Amount of Each Disbursement this Period 25.00
City: Bigfork State: MN Zip Code: 56628	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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

<p><b>A. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229841</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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	3		2	0	0	7													
<p>Mailing Address Shirley Saturensky 3041 Grant 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 Costa Mesa State CA Zip Code 92626</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229842</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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	0		2	0	0	7													
<p>Mailing Address James Pettee 3200 Baker Circle Unit I217</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 Adamstown State MD Zip Code 21710</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229843</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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	2		2	0	0	7													
<p>Mailing Address Eileen Hamper 1300 Burrows Rd</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>10.00</td> </tr> </table>	10.00																			
10.00																						
<p>City Campbell State CA Zip Code 95008</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:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229844</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>
<p>Mailing Address William Halverstadt 6420 Old Settlers Road</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>
<p>City Hamel State MN Zip Code 55340</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229845</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>
<p>Mailing Address Margaret Bisberg 1506 S. Courtland Avenue</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p>City Park Ridge State IL Zip Code 60068</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229846</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>
<p>Mailing Address Ilene Sittler 930 Trospen Road SW Spc 134</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>
<p>City Turnwater State WA Zip Code 98512</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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Miriam Schulman 645 Tuallitan Road City: Los Angeles State: CA Zip Code: 90049 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229847</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Mostaghim 304 Pineridge Street 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) ▼		<b>Transaction ID: 32229848</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Peter Meyer 3205 Huntersridge Lane City: Taylor Mill State: KY Zip Code: 41015 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229849</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 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

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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address <b>Joanne Leadley</b> 343 Thurman Avenue</p> <p>City <b>West Berlin</b> State <b>NJ</b> Zip Code <b>08091</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: 32229850</b></p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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>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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address <b>Janice Adams</b> PO Box 1053</p> <p>City <b>Kingston</b> State <b>WA</b> Zip Code <b>98346</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: 32229851</b></p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <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="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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address <b>Joseph West</b> 3438 S MacGregor Way</p> <p>City <b>Houston</b> State <b>TX</b> Zip Code <b>77021</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: 32229852</b></p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="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)

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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. Gabby Giffords Contributions</b>		Transaction ID: 32229853 Date of Disbursement 03 / 16 / 2007
Mailing Address: Abby Stitt 9229 Village Glen Drive		Amount of Each Disbursement this Period 50.00
City: San Diego State: CA Zip Code: 92123	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Gabby Giffords Contributions</b>		Transaction ID: 32229854 Date of Disbursement 03 / 22 / 2007
Mailing Address: Diane Brelford 11 W Aloha St Apt 604		Amount of Each Disbursement this Period 50.00
City: Seattle State: WA Zip Code: 98119	Purpose of Disbursement Candidate Contrib Earmarked Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Gabby Giffords Contributions</b>		Transaction ID: 32229855 Date of Disbursement 03 / 16 / 2007
Mailing Address: Clyde Shorey 3033 West Lane Keys NW		Amount of Each Disbursement this Period 250.00
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) ▼	[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

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Michael Litt 92 Wheatherstone Pl. City Lake Oswego State OR Zip Code 97035 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: 32229856</b> Date of Disbursement 03 / 03 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Caroline DeOlden 16825 SW Chinook Drive City Crooked River Ranc State OR Zip Code 97760 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: 32229857</b> Date of Disbursement 03 / 29 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Hannah Donigan 630 W Commerce Road City Commerce State MI Zip Code 48382 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: 32229858</b> Date of Disbursement 03 / 23 / 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

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jane Clewe 1032 Junipero Avenue City Long Beach State CA Zip Code 90804 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229859</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Ann Ganesan 102 Santa Maria Avenue City Portola Valley State CA Zip Code 94028 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229860</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Alice Katzung 65 Knoll Road City San Rafael State CA Zip Code 94901 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229861</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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)</p> <p>Mailing Address Frances Hanners 3007 Plymouth Drive</p> <p>City Bellingham State WA Zip Code 98225</p> <p>Purpose of 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: 32229862</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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>
<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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Thomas Madden 9130 Kedvale Avenue</p> <p>City Skokie State IL Zip Code 60076</p> <p>Purpose of 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: 32229863</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Jeannette Ross 3000 Galloway Ridge</p> <p>City Pittsboro State NC Zip Code 27312</p> <p>Purpose of 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: 32229864</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Ann Cerney</b> 900 W. Vine Street City <b>Lodi</b> State <b>CA</b> Zip Code <b>95240</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: 32229865</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 15.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Steve Krieg</b> 166 27th Avenue City <b>San Francisco</b> State <b>CA</b> Zip Code <b>94121</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: 32229866</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Rachel Waggoner</b> 900 Universtiy Street, # B-W City <b>Seattle</b> State <b>WA</b> Zip Code <b>98101</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: 32229867</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address David Gay 900 Sierra Pl SE City Albuquerque State NM Zip Code 87108 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: 32229868</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Marjorie Vanek 10241 York Road City N. Royalton State OH Zip Code 44133 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229869</b> Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Karla Brooks Baehr 9 Stephen Place 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229870</b> Date of Disbursement 03 / 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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Peter Zavon 30 Woodline Drive City Penfield State NY Zip Code 14526 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: 32229871</b> Date of Disbursement 03 / 30 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Emily Rankin 9 Schuyler Lane City Bloomfield State CT Zip Code 06002 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: 32229872</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Kerry Costello 9 Rambler Road 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229873</b> Date of Disbursement 03 / 16 / 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 800 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Christine Sellge 30 Copper Beech Road City: Greenwich State: CT Zip Code: 06830 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229874</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Elizabeth Sherman 245 E. 93rd Street, Apt. 18B City: New York State: NY Zip Code: 10128 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229875</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Steve Hegeman PO Box 367 City: Bonita Springs State: FL Zip Code: 34133 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229876</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 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

FOR LINE NUMBER:  
(check only one)

PAGE 801 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Gabby Giffords Contributions</b>		Transaction ID: 32229877 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Lise Menn 1625 Mariposa Avenue		Amount of Each Disbursement this Period 25.00
City Boulder State CO Zip Code 80302	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. Gabby Giffords Contributions</b>		Transaction ID: 32229878 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Harriet Russell 6571 Edwood		Amount of Each Disbursement this Period 100.00
City Cincinnati State OH Zip Code 45224	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. Gabby Giffords Contributions</b>		Transaction ID: 32229879 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Abraham Spector 89 Hemlock Drive		Amount of Each Disbursement this Period 12.00
City Farmingdale State NY Zip Code 11735	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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jennifer Kleckner 1855 Cowper Street City Palo Alto State CA Zip Code 94301 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: 32229880</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Estelle Jones 3 Stanwich Lane City Greenwich State CT Zip Code 06830 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229881</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jane Godfrey 7400 Birch 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: 32229882</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Michael Tsuk 66 Iroquois Road 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: 32229883</b> Date of Disbursement 03 / 25 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Janet Eaton 1235 Marriottsville Road City Marriottsville State MD Zip Code 21104 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229884</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Richard Quandt 162 Springdale Road 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: 32229885</b> Date of Disbursement 03 / 16 / 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 804 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lyndsay Downs 3562 NW 68th Street City Seattle State WA Zip Code 98117 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32229886 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Mary Lee Bretz PO Box 484 City Eastport State MI Zip Code 49627 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32229887 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address David Lowry 3580 Shaw Avenue, Apt. 627 City Cincinnati State OH Zip Code 45208 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 32229888 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 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 805 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address William Kash 33 Green Acre Lane City Westport State CT Zip Code 06880 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32229889 Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>B. Gabby Giffords 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 32229890 Date of Disbursement 03 / 07 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lois Chaffee 248 East 7th Street City New York State NY Zip Code 10009 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32229891 Date of Disbursement 03 / 31 / 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 806 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Idell Weydemeyer 877 N Rancho Road City: El Sobrante State: CA Zip Code: 94803 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229892</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7 Amount of Each Disbursement this Period _____ 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Kimberly Perry 665 S Skinker Blvd Apt. 23D City: Saint Louis State: MO Zip Code: 63105 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229893</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 Amount of Each Disbursement this Period _____ 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Helen Reinhard 87 Bridge Street City: Medfield State: MA Zip Code: 02052 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229894</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 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) ..... ▶	_____ <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 807 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Lorin Spencer 1613 Sawgrass Drive City: Upland State: CA Zip Code: 91784 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229895</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Floyd Judd 8697N TalladegaWay City: Fresno State: CA Zip Code: 93720 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229896</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Ruth Densmore 67 Crosslands Drive City: Kennett Square State: PA Zip Code: 19348 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229897</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 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 808 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Linda Greene 3300 East Delhi 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) ▼		<b>Transaction ID: 32229898</b> Date of Disbursement 03 / 20 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Joy Haupt 854 Rue De La Paix Apt B10 City Cincinnati State OH Zip Code 45220 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229899</b> Date of Disbursement 03 / 29 / 2007 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jennifer Allred 3310 Oakwood Street City Salt Lake City State UT Zip Code 84109 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229900</b> Date of Disbursement 03 / 07 / 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)

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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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229901</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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	5		2	0	0	7													
<p>Mailing Address David Daniel 16120 Rancho Del Lago</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 State Zip Code moreno valley CA 92551</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</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229902</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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	2		2	0	0	7													
<p>Mailing Address Susanna Davison 1301 Irving Avenue</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 State Zip Code Wheaton IL 60187</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</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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32229903</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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	3		2	0	0	7													
<p>Mailing Address Ann Swidler 2964 Magnolia</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 State Zip Code Berkeley CA 94705</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</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 810 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lucinda Soule PO Box 692531 City Stockton State CA Zip Code 95269 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32229904 Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 35.00 [MEMO ITEM] MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Cele Keeper 2929 Buffalo Speedway City Houston State TX Zip Code 77098 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32229905 Date of Disbursement 03 / 28 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Kathleen Crittenden 820 S. Morgan Street, # 2 City Chicago State IL Zip Code 60607 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32229906 Date of Disbursement 03 / 16 / 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 811 / 2428

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Gloria Fulcher 2925 Roanoke Court City: Bakersfield State: CA Zip Code: 93306 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229907 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Helen Cahn 730 Camino Mirada City: Santa Fe State: NM Zip Code: 87505 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32229908 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Caryle Miller 8132 Keeler Street City: Alexandria State: VA Zip Code: 22309 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229909 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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 812 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Mailing Address: Emilie Simpson 675 Harding Place</p> <p>City: Nashville State: TN Zip Code: 37211</p> <p>Purpose of Disbursement: Candidate Contrib Earmarked 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> 32229910 <b>Date of Disbursement:</b> MM / DD / YYYY 03 / 13 / 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>B. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address: AnneMarie Sapko PSC 115 - Box 1019</p> <p>City: APO State: AE Zip Code: 09213</p> <p>Purpose of Disbursement: Candidate Contrib Earmarked 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> 32229911 <b>Date of Disbursement:</b> MM / DD / YYYY 03 / 28 / 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. Gabby Giffords Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address: Leona Sobel 19 Quinine Hill</p> <p>City: Columbia State: SC Zip Code: 29204</p> <p>Purpose of Disbursement: Candidate Contrib Earmarked 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> 32229912 <b>Date of Disbursement:</b> MM / DD / YYYY 03 / 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>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)

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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. Gabby Giffords 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:</b> 32229913 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Margaret Skipper 951 W. Orange Grove # 58101 City: Tucson State: AZ Zip Code: 85704 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229914 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Barbara Thibodo 160 White Hollow Road City: Sharon State: CT Zip Code: 06069 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32229915 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229916</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Patricia Eames 3300 Darby Rd Apt 5313 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) ▼		<b>Transaction ID: 32229917</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address William Thornton 8 Windsor Place City Mebane State NC Zip Code 27302 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229918</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Iris Gruwell 290 Stoneykirk Dr City Bella Vista State AR Zip Code 72715 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: 32229919</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Pamela Marino 8 Mills Rd City Gaithersburg State MD Zip Code 20877 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: 32229920</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Elisabeth Pantaleoni 18 Deshon Avenue City Bronxville State NY Zip Code 10708 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32229921</b> Date of Disbursement 03 / 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)

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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. Gabby Giffords Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Betty Bengtson 1280 E. Paseo Pavon 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) ▼		<b>Transaction ID: 32229922</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 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: Janet Enslin 8 Brookridge Lane City: Newark State: DE Zip Code: 19711 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229923</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 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: Wanee Butler 795 Newland Court City: Boulder State: CO Zip Code: 80303 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229924</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 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)

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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. Hillary Clinton Contributions</b>		Transaction ID: 32229925 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Carol Triebel 2829 Nottingham		Amount of Each Disbursement this Period 100.00
City Houston State TX Zip Code 77005	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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: 32229926 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address Ina Ayliffe 15905 Bent Tree Forest Cr.		Amount of Each Disbursement this Period 25.00
City Dallas State TX Zip Code 75248	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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: 32229927 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Barbara Fitzpatrick 7901 Seminole Blvd.		Amount of Each Disbursement this Period 100.00
City Seminole State FL Zip Code 33772	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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)

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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: 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229928</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 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: Patricia Shanks 783 Contra Costa Avenue City: Berkeley State: CA Zip Code: 94707 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229929</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 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: Susan Yamada 6915 Blaisdell Road 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229930</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 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)

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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 Ann Keim 279 Locke Heights Road City Bangor State PA Zip Code 18013 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: 32229931 Date of Disbursement 03 / 20 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Jean Walker 2770 Mackintosh Lane City Bloomfield State MI Zip Code 48302 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: 32229932 Date of Disbursement 03 / 13 / 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 Miriam Dittenhafer 7777 N. Wickham Road, # 12 City Melbourne State FL Zip Code 32940 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: 32229933 Date of Disbursement 03 / 26 / 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)

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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 Richy Stroud 15838 Fleetwood Oaks Drive City Houston State TX Zip Code 77079 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: 32229934</b> Date of Disbursement 03 / 16 / 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 Robert Schwartz 2753 W. Bonnie Brook Lane City Waukegan State IL Zip Code 60087 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: 32229935</b> Date of Disbursement 03 / 16 / 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 Melissa Anderson 1581 Laraway Lake Drive SE City Grand Rapids State MI Zip Code 49546 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: 32229936</b> Date of Disbursement 03 / 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)

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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. Hillary Clinton Contributions</b>		Transaction ID: 32229937 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Anne Taylor 275 Steele Road, Apt. B109		Amount of Each Disbursement this Period 100.00
City West Hartford State CT Zip Code 06117	[MEMO ITEM] MEMO	
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: 32229938 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Veronica Johnson 7600 Cat Tail Cove		Amount of Each Disbursement this Period 50.00
City Austin State TX Zip Code 78750	[MEMO ITEM] MEMO	
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: 32229939 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address Julia Stone 759 Orchard Court		Amount of Each Disbursement this Period 50.00
City Louisville State CO Zip Code 80027	[MEMO ITEM] MEMO	
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)

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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 John Bagsby 7539 Dittmer Road City Dittmer State MO Zip Code 63023 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: 32229940</b> Date of Disbursement 03 / 14 / 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 Kathleen Ucinski 157 Oceanview City La Selva Beach State CA Zip Code 95076 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: 32229941</b> Date of Disbursement 03 / 06 / 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 Nancy Moore 109 Briarwood Rd City Spartanburg State SC Zip Code 29301 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: 32229942</b> Date of Disbursement 03 / 20 / 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 823 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Sparrow 7503 Kepley Road City Chapel Hill State NC Zip Code 27551 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: 32229943</b> Date of Disbursement 03 / 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 Margarita Horner 2705 Mountain View Drive City La Verne State CA Zip Code 91750 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: 32229944</b> Date of Disbursement 03 / 30 / 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 Marcia Levens 2671 S. Course Drive, Apt. 410 City Pompano Beach State FL Zip Code 33069 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: 32229945</b> Date of Disbursement 03 / 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)

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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. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 32229946 <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>0</td><td>3</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	0	3		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	6		2	0	0	7													
<p>Mailing Address: Ilene Jagatramcharran 15500 SE 80th 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: Summerfield      State: FL      Zip Code: 34491</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> 32229947 <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>0</td><td>3</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	0	3		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	6		2	0	0	7													
<p>Mailing Address: Linda Schnorbus 735 Rock Spring 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: Bloomfield Hills      State: MI      Zip Code: 48304</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> 32229948 <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>0</td><td>3</td><td></td><td>2</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	0	3		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	8		2	0	0	7													
<p>Mailing Address: Emily Hart 1549 Markham</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: Fayetteville      State: AR      Zip Code: 72701</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:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 32229949 <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>0</td><td>3</td><td></td><td>2</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	0	3		2	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	1		2	0	0	7													
<p>Mailing Address Jennifer Gross 265 Wyoming Street West</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>500.00</td> </tr> </table> </p>	500.00																			
500.00																						
<p>City Saint Paul State MN Zip Code 55107</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> 32229950 <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>0</td><td>3</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	0	3		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	6		2	0	0	7													
<p>Mailing Address Ethel Netburn 122 Palmers Hill Road</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 Stamford State CT Zip Code 06902</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> 32229951 <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>0</td><td>3</td><td></td><td>1</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	0	3		1	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	4		2	0	0	7													
<p>Mailing Address Marian Stankovich 1088 23rd St. SE</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 Minneapolis State MN Zip Code 55414</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)

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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.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 32229952 <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>0</td><td>3</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> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	3		2	0	0	7													
<p>Mailing Address Marjorie Bradford 7206 River Crescent 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 Annapolis State MD Zip Code 21401</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.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 32229953 <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>0</td><td>3</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> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	3		2	0	0	7													
<p>Mailing Address Philip Reed 2640 Woodridge Court, T43</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 Placerville State CA Zip Code 95667</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.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 32229954 <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>0</td><td>3</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	0	3		2	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	0	7													
<p>Mailing Address Barbara Enagonio 15311 Pine Orchard Dr Apt 1E</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 20906</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:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton Contributions</b>		Transaction ID: 32229955 Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address Jacqueline Goldberg 718 Ridge Avenue		Amount of Each Disbursement this Period 100.00
City Evanston	State IL	
Zip Code 60202		[MEMO ITEM] MEMO
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: 32229956 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Pamela Wilson 15306 Tamaron Valley		Amount of Each Disbursement this Period 100.00
City San Antonio	State TX	
Zip Code 78253		[MEMO ITEM] MEMO
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: 32229957 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Marjorie Berns 2611 Costebelle Drive		Amount of Each Disbursement this Period 100.00
City La Jolla	State CA	
Zip Code 92037		[MEMO ITEM] MEMO
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)

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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> 32229958 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Clarine Schmukler 7104 Thrasher Rd. City McLean State VA Zip Code 22101		Amount of Each Disbursement this Period 50.00
Purpose of Disbursement Candidate Contrib Earmarked Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>[MEMO ITEM]</b> MEMO
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> 32229959 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Nora Fryxell 7010 45th Street Court NW City Gig Harbor State WA Zip Code 98335		Amount of Each Disbursement this Period 50.00
Purpose of Disbursement Candidate Contrib Earmarked Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>[MEMO ITEM]</b> MEMO
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> 32229960 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Ann Liston 10 East Ontario City Chicago State IL Zip Code 60611		Amount of Each Disbursement this Period 100.00
Purpose of Disbursement Candidate Contrib Earmarked Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>[MEMO ITEM]</b> MEMO
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)

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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 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 32229961 Date of Disbursement 03 / 16 / 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 Cynthia Killoran 700 W. Fabyan Pkwy 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:		Transaction ID: 32229962 Date of Disbursement 03 / 14 / 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 Thomas Tay 1524 Wandering Way City Harrisburg State PA Zip Code 17110 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: 32229963 Date of Disbursement 03 / 13 / 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)

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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> 32229964 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Tamara Harris 10175 Sunstar Road		Amount of Each Disbursement this Period 100.00
City Monterey State CA Zip Code 93940	[MEMO ITEM] MEMO	
Purpose of 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> 32229965 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Carmela Cipriano 260 65th Street, Apt. 11P		Amount of Each Disbursement this Period 50.00
City Brooklyn State NY Zip Code 11220	[MEMO ITEM] MEMO	
Purpose of 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> 32229966 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Jacqueline Bergen 70 W. Burton Place		Amount of Each Disbursement this Period 250.00
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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton Contributions</b>		Transaction ID: 32229967 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Alma Raab 70 Maine Avenue # 7		Amount of Each Disbursement this Period 25.00
City Rockville Centre State NY Zip Code 11570	[MEMO ITEM] MEMO	
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. Hillary Clinton Contributions</b>		Transaction ID: 32229968 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Randall Abbott 1524 Seven Pines Road Apt. G		Amount of Each Disbursement this Period 250.00
City Springfield State IL Zip Code 62704	[MEMO ITEM] MEMO	
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. Hillary Clinton Contributions</b>		Transaction ID: 32229969 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Jo Byler 1523 E. Woodland Drive		Amount of Each Disbursement this Period 8.00
City Dalton Gardens State ID Zip Code 83815	[MEMO ITEM] MEMO	
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)

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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. Hillary Clinton Contributions</b>		Transaction ID: 32229970 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address Emma Rosow 122 Green Way		Amount of Each Disbursement this Period 50.00
City Wayland State MA Zip Code 01778	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		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: 32229971 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Mary Clapper 25888 Rancho Alto Drive		Amount of Each Disbursement this Period 50.00
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 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: 32229972 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address Sharon Jackson 1211 Lexham Drive		Amount of Each Disbursement this Period 50.00
City Marietta State GA Zip Code 30068	[MEMO ITEM] MEMO	
Purpose of 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)

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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> 32229973 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Catherine Sichenze 256 Tichenor Avenue		Amount of Each Disbursement this Period 100.00
City South Orange State NJ Zip Code 07079	[MEMO ITEM] MEMO	
Purpose of 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> 32229974 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address Celia Sorkin 6910 108 Street		Amount of Each Disbursement this Period 50.00
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> 32229975 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Frances Hulmes Modero 15212 W Merrell Street		Amount of Each Disbursement this Period 25.00
City Goodyear State AZ Zip Code 85338	[MEMO ITEM] MEMO	
Purpose of 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)

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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 Robert Tartell 690 Hawthorne Street City West Hempstead State NY Zip Code 11552 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: 32229976 Date of Disbursement 03 / 15 / 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 Florence Wilson 1210 Petree Street, # 251 City El Cajon State CA Zip Code 92020 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: 32229977 Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Charles Christensen 69 High Road City Newbury State MA Zip Code 01951 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: 32229978 Date of Disbursement 03 / 16 / 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)

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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.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Jill Austin 1516 Veranda Cir</p> <p>City Murfreesboro State TN Zip Code 37130</p> <p>Purpose of 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: 32229979</p> <p>Date of Disbursement 03 / 21 / 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 Frances Spence Smith 685 Mayflower Road</p> <p>City Claremont State CA Zip Code 91711</p> <p>Purpose of 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: 32229980</p> <p>Date of Disbursement 03 / 14 / 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 Shirley Freeman 724 Eaton Street</p> <p>City Key West State FL Zip Code 33040</p> <p>Purpose of 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: 32229981</p> <p>Date of Disbursement 03 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</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)

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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. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address <b>Barbara Tracy</b> 6847 Caminito Mundo</p> <p>City <b>San Diego</b> State <b>CA</b> Zip Code <b>92119</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 32229982</b> Date of Disbursement 03 / 21 / 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 <b>Sandra Kehoe</b> 680 Canterbury Lane</p> <p>City <b>Cambria</b> State <b>CA</b> Zip Code <b>93428</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 32229983</b> Date of Disbursement 03 / 28 / 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 <b>Pamela Moore</b> 6768 Areca Blvd.</p> <p>City <b>Sarasota</b> State <b>FL</b> Zip Code <b>34241</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 32229984</b> Date of Disbursement 03 / 28 / 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)

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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> 32229985 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address: Emilie Simpson 675 Harding Place		Amount of Each Disbursement this Period 10.00
City: Nashville State: TN Zip Code: 37211	[MEMO ITEM] MEMO	
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> 32229986 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address: Lilly Gwilliam 2519 Biltome Drive		Amount of Each Disbursement this Period 250.00
City: Alamo State: CA Zip Code: 94507	[MEMO ITEM] MEMO	
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> 32229987 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address: Donna Brodd 2508 Melaway Drive		Amount of Each Disbursement this Period 250.00
City: Richmond State: VA Zip Code: 23228	[MEMO ITEM] MEMO	
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)

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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. Hillary Clinton Contributions</b>		Transaction ID: 32229988 Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address Laurie Rogen 6715 102nd St Apt 3K		Amount of Each Disbursement this Period 50.00
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hillary Clinton Contributions</b>		Transaction ID: 32229989 Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address Asherah Cinnamon 25 Ledge Road		Amount of Each Disbursement this Period 100.00
City South Portland State ME Zip Code 04106	[MEMO ITEM] MEMO	
Purpose of 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: 32229990 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Virginia Collins 1510 Bradley Avenue		Amount of Each Disbursement this Period 100.00
City Rockville State MD Zip Code 20851	[MEMO ITEM] MEMO	
Purpose of 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)

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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 Nancy Papa 121 Stacia Street City Los Gatos State CA Zip Code 95030 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229991</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 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 Mary Purcell 10 Willowbrook Ave City Lansdowne State PA Zip Code 19050 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32229992</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 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 Herzberg 713 N. Palm Drive City Beverly Hills State CA Zip Code 90210 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32229993</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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)

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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.</b> Hillary Clinton Contributions Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Virginia Blackledge 663 Coventry Road City Kensington State CA Zip Code 94707 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: 32229994 Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 500.00 [MEMO ITEM] MEMO
<b>B.</b> Hillary Clinton Contributions Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Robert Packer 6601 Tennyson Street 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 32229995 Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO
<b>C.</b> Hillary Clinton Contributions Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Yves Kraus 151 Atwoodville Road City Mansfield Ctr State CT Zip Code 06250 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: 32229996 Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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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.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Tina Martin 6601 Old Stage Road</p> <p>City N. Bethesda State MD Zip Code 20852</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: 32229997</p> <p>Date of Disbursement 03 / 13 / 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> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Dorothy Strickland 245 W. Juanita Avenue</p> <p>City Gilbert State AZ Zip Code 85233</p> <p>Purpose of 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: 32229998</p> <p>Date of Disbursement 03 / 22 / 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>C.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Harriet Russell 6571 Edwood</p> <p>City Cincinnati State OH Zip Code 45224</p> <p>Purpose of 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: 32229999</p> <p>Date of Disbursement 03 / 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)

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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 Angela Elliston 656 Sunset Lane City East Lansing State MI Zip Code 48823 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: 32230000</b> Date of Disbursement 03 / 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 Jane Godfrey 7400 Birch 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: 32230001</b> Date of Disbursement 03 / 06 / 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 Helen Rice Walker 1201 Yale Palce Apt. 609 City Minneapolis State MN Zip Code 55403 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: 32230002</b> Date of Disbursement 03 / 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)

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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 Laura Casey 2441 323rd Avenue NE City Carnation State WA Zip Code 98014 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: 32230003</b> Date of Disbursement 03 / 28 / 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 Victoria Watkins 244 Madison Avenue, # 14E City New York State NY Zip Code 10016 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: 32230004</b> Date of Disbursement 03 / 13 / 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 Virginia Bishop 6514 Willow Hill Court City Centerville State OH Zip Code 45459 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: 32230005</b> Date of Disbursement 03 / 13 / 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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(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 32230006 <b>Date of Disbursement</b> 03 / 16 / 2007</p>
<p>Mailing Address Margaret Poyatt 651 Vanderbilt Street</p>		<p>Amount of Each Disbursement this Period 25.00</p>
<p>City Brooklyn State NY Zip Code 11218</p>	<p><b>[MEMO ITEM]</b> MEMO</p>	
<p>Purpose of Disbursement Candidate Contrib Earmarked Candidate Name</p>		<p>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> 32230007 <b>Date of Disbursement</b> 03 / 19 / 2007</p>
<p>Mailing Address Maryann Somerville 10110 Firwood Drive</p>		<p>Amount of Each Disbursement this Period 100.00</p>
<p>City Cupertino State CA Zip Code 95014</p>	<p><b>[MEMO ITEM]</b> MEMO</p>	
<p>Purpose of Disbursement Candidate Contrib Earmarked Candidate Name</p>		<p>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> 32230008 <b>Date of Disbursement</b> 03 / 21 / 2007</p>
<p>Mailing Address Bonnie Brownell 2692 E. Highland Avenue # 42</p>		<p>Amount of Each Disbursement this Period 100.00</p>
<p>City Highland State CA Zip Code 92346</p>	<p><b>[MEMO ITEM]</b> MEMO</p>	
<p>Purpose of Disbursement Candidate Contrib Earmarked Candidate Name</p>		<p>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>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230009 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 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) Mailing Address: Nancy Vandyke 65 Main Avenue City: Sea Cliff State: NY Zip Code: 11579 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230010 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 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) Mailing Address: Caroline Garcia 244 Madison Avenue City: New York State: NY Zip Code: 10016 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230011 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

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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> 32230012 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Nancy Benda 2430 Old Saint Augustine Rd		Amount of Each Disbursement this Period 100.00
City Tallahassee State FL Zip Code 32301	[MEMO ITEM] MEMO	
Purpose of 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> 32230013 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Dorothy Lewis 2427 W. Nellie Sisson Road		Amount of Each Disbursement this Period 50.00
City Morgantown State IN Zip Code 46160	[MEMO ITEM] MEMO	
Purpose of 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> 32230014 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Lieselotte Betterman 1506 Willow Lane		Amount of Each Disbursement this Period 100.00
City Mt. Prospect State IL Zip Code 60056	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 32230015 <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>0</td><td>3</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> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	2		2	0	0	7													
<p>Mailing Address Margaret Grissom 120 Martindale 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 Youngsville State NC Zip Code 27596</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> 32230016 <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>0</td><td>3</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> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	3		2	0	0	7													
<p>Mailing Address Betty Wrigley 1070 W. Jefferson 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 Franklin State IN Zip Code 46131</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> 32230017 <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>0</td><td>3</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> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	5		2	0	0	7													
<p>Mailing Address Doris Bergen 642 Shultz 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 Hamilton State OH Zip Code 45013</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:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Joanne Hayne 24023 7th Place W. City Bothell State WA Zip Code 98021 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: 32230018</b> Date of Disbursement 03 / 14 / 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 Peggy DiPaola 1504 W. Exchange Street City Akron State OH Zip Code 44313 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: 32230019</b> Date of Disbursement 03 / 13 / 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 Rebecca Young 639 Crandall Street 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: 32230020</b> Date of Disbursement 03 / 16 / 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)

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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 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> 32230021 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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 Lucinda Dudley 10 Bray Wood Road City Williamsburg State VA Zip Code 23185 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> 32230022 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 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 Jerry Ellis 6336 Cotton Drive SE City Olympia State WA Zip Code 98513 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> 32230023 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 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)

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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> 32230024 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Judy Burns 6336 Cotton Drive SE		Amount of Each Disbursement this Period 100.00
City Olympia State WA Zip Code 98513	[MEMO ITEM] MEMO	
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> 32230025 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 7
Mailing Address Debbie Benner 2400 Hillside Road		Amount of Each Disbursement this Period 100.00
City Fairfield State CT Zip Code 06824	[MEMO ITEM] MEMO	
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> 32230026 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7
Mailing Address Genevieve James 12 N Meadowcroft Ave		Amount of Each Disbursement this Period 25.00
City Pittsburgh State PA Zip Code 15216	[MEMO ITEM] MEMO	
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)

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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) Mailing Address Kathleen Smith 6324 Morrowfield 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: 32230027</b> Date of Disbursement 03 / 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) Mailing Address Elizabeth Duff 24 Slape Avenue City Salem State NJ Zip Code 08079 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: 32230028</b> Date of Disbursement 03 / 30 / 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) Mailing Address Karen Nibbelink Lundy 6306 35th Street N. 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: 32230029</b> Date of Disbursement 03 / 22 / 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)

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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. Hillary Clinton Contributions</b>		Transaction ID: 32230030 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Dana Buske 12 Martin Street		Amount of Each Disbursement this Period 25.00
City Arlington State MA Zip Code 02474	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 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: 32230031 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Hannah Donigan 630 W Commerce Road		Amount of Each Disbursement this Period 10.00
City Commerce State MI Zip Code 48382	[MEMO ITEM] MEMO	
Purpose of 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: 32230032 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7
Mailing Address Amy Lowrey 1502 Newning Avenue		Amount of Each Disbursement this Period 500.00
City Austin State TX Zip Code 78704	[MEMO ITEM] MEMO	
Purpose of 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)

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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 Lucille Behrens 63 South Lilburn Drive City Garnerville State NY Zip Code 10923 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> 32230033 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 10.00 <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 Sheila Jefferson 10634 Holman Avenue, # 4 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:</b> 32230034 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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 Suzanne Howell 7745 Clarks Chapel Road 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:</b> 32230035 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 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)

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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 Maria Tindall 627 Catalina Drive City Livermore State CA Zip Code 94550 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: 32230036</b> Date of Disbursement 03 / 14 / 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 Phyllis Pearce 6256 Cameo Street City Alta Loma State CA Zip Code 91701 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: 32230037</b> Date of Disbursement 03 / 22 / 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 Donald Epstein 625 N. Palm 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: 32230038</b> Date of Disbursement 03 / 16 / 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)

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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. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 32230039 <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>0</td><td>3</td><td></td><td>1</td><td>4</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	0	3		1	4		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	4		2	0	7														
<p>Mailing Address: Mona Piontkowski 2384 Paseo Circulo</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: Tustin State: CA Zip Code: 92782</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 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> 32230040 <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>0</td><td>3</td><td></td><td>3</td><td>0</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	0	3		3	0		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	0		2	0	7														
<p>Mailing Address: Cynthia Vester 6219 Hunter Street # 121</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>5.00</td> </tr> </table> </p>	5.00																			
5.00																						
<p>City: Raleigh State: NC Zip Code: 27612</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 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> 32230041 <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>0</td><td>3</td><td></td><td>1</td><td>6</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	0	3		1	6		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	6		2	0	7														
<p>Mailing Address: Rita Taubenfeld 6211 W Northwest Hwy Apt 1007</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: Dallas State: TX Zip Code: 75225</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 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>	<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)

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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> 32230042 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Saralyn Daly 6211 Gyrul Drive		Amount of Each Disbursement this Period 250.00
City Tujunga State CA Zip Code 91042	[MEMO ITEM] MEMO	
Purpose of 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> 32230043 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Odessa Morris 237 16th Street SE		Amount of Each Disbursement this Period 25.00
City Washington State DC Zip Code 20003	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> 32230044 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Jack Davis 618 Ivy Street		Amount of Each Disbursement this Period 100.00
City Carson City State NV Zip Code 89703	[MEMO ITEM] MEMO	
Purpose of 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)

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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.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Shirley Lubin 7820 Allengrove Street</p> <p>City Downey State CA Zip Code 90240</p> <p>Purpose of 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> 32230045 <b>Date of Disbursement</b> 03 / 26 / 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.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Mary Kelman 1500 Sawyer Ave</p> <p>City Manasquan State NJ Zip Code 08736</p> <p>Purpose of 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> 32230046 <b>Date of Disbursement</b> 03 / 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.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Patricia Zimmermann 23416 Continental Way</p> <p>City Canyon Lake State CA Zip Code 92587</p> <p>Purpose of 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> 32230047 <b>Date of Disbursement</b> 03 / 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)

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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 Ann Seidman 610 S. Monroe Street City Decatur State IL Zip Code 62522 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: 32230048</b> Date of Disbursement 03 / 06 / 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 Joanne Beckham 6098 Willow Springs Dr City Morrison State CO Zip Code 80465 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: 32230049</b> Date of Disbursement 03 / 16 / 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 Mary Anne Hunter 604 Washington Square S City Philadelphia State PA Zip Code 19106 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: 32230050</b> Date of Disbursement 03 / 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)

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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. Hillary Clinton Contributions</b>		Transaction ID: 32230051 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Margaret Phelan 604 Juanita Avenue		Amount of Each Disbursement this Period 50.00
City Millbrae State CA Zip Code 94030	[MEMO ITEM] MEMO	
Purpose of 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: 32230052 Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address Georgia Phelps Steiger 604 Fountainhead		Amount of Each Disbursement this Period 250.00
City Sebring State FL Zip Code 33870	[MEMO ITEM] MEMO	
Purpose of 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: 32230053 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address Nancy Yeager 1190 W Camino Sagasta		Amount of Each Disbursement this Period 100.00
City Green Valley State AZ Zip Code 85614	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 32230054 <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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	6		2	0	0	7													
<p>Mailing Address Marie Kingdon 1062 Carter's Grove</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 Indianapolis State IN Zip Code 46260</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>Category/ Type</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> 32230055 <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>0</td><td>3</td><td></td><td>0</td><td>7</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	0	3		0	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	7		2	0	0	7													
<p>Mailing Address Mary Jane Pringle 2327 E. First Street</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 Tucson State AZ Zip Code 85719</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>Category/ Type</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> 32230056 <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>0</td><td>3</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>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	6		2	0	0	7													
<p>Mailing Address Evelyn Feintech 10106 Emphyrean Way #102</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 Los Angeles State CA Zip Code 90067</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>Category/ Type</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)

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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 Janet Liebowitz 6 Northwoods Ln City Boynton Beach State FL Zip Code 33436 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 32230057 Date of Disbursement 03 / 23 / 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 David Robinson 149 Halligan Ave City Worthington State OH Zip Code 43085 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: 32230058 Date of Disbursement 03 / 22 / 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 Dianne Nelson 2743 S. Pitkin Street City Aurora State CO Zip Code 80013 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: 32230059 Date of Disbursement 03 / 14 / 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)

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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> 32230060 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Eva Jane Coombe 6 Corbin Drive		Amount of Each Disbursement this Period 250.00
City Cincinnati State OH Zip Code 45208	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> 32230061 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7
Mailing Address Laura Murra 2325 Oak Street		Amount of Each Disbursement this Period 50.00
City Berkeley State CA Zip Code 94708	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> 32230062 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address Ruth Henning 591 Woodcreek Blvd		Amount of Each Disbursement this Period 75.00
City Traverse City State MI Zip Code 49686	[MEMO ITEM] MEMO	
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)

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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 Mary Illing 232 55th Street City Downers Grove State IL Zip Code 60515 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: 32230063</b> Date of Disbursement 03 / 28 / 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 Cindy Briggs 23160 Bellwood Dr City Southfield State MI Zip Code 48034 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: 32230064</b> Date of Disbursement 03 / 20 / 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 Ruth Pearl 5810 Inman Park Circle City Bethesda State MD Zip Code 20852 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230065</b> Date of Disbursement 03 / 28 / 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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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 Kimberly Lively 14720 Crossdale Ave</p> <p>City Norwalk State CA Zip Code 90650</p> <p>Purpose of 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> 32230066 <b>Date of Disbursement</b> 03 / 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. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Maudena Byrne 1181 E. 1st Avenue, Apt. 1803</p> <p>City Broomfield State CO Zip Code 80020</p> <p>Purpose of 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> 32230067 <b>Date of Disbursement</b> 03 / 14 / 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. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Nancy Ellingham 14601 S.E. 55th Street</p> <p>City Bellevue State WA Zip Code 98006</p> <p>Purpose of 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> 32230068 <b>Date of Disbursement</b> 03 / 23 / 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)

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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> 32230069 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address Ricia Hendrick 2313 Lantern Lane W.		Amount of Each Disbursement this Period 100.00
City Mobile State AL Zip Code 36693	[MEMO ITEM] MEMO	
Purpose of 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> 32230070 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Gary Striker 570 NE 57th Street		Amount of Each Disbursement this Period 50.00
City Miami State FL Zip Code 33137	[MEMO ITEM] MEMO	
Purpose of 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> 32230071 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Walter Selove 118 Cherry Lane		Amount of Each Disbursement this Period 50.00
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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 32230072 <b>Date of Disbursement</b> 03 / 23 / 2007</p>
<p>Mailing Address Alice Ramsay 566 S. LaLonde Avenue</p>		<p>Amount of Each Disbursement this Period 25.00</p>
<p>City Lombard State IL Zip Code 60148</p>	<p>[MEMO ITEM] MEMO</p>	
<p>Purpose of Disbursement Candidate Contrib Earmarked Candidate Name</p>		<p>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.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 32230073 <b>Date of Disbursement</b> 03 / 13 / 2007</p>
<p>Mailing Address Elizabeth Byrne Schill 231-05 87th Avenue</p>		<p>Amount of Each Disbursement this Period 50.00</p>
<p>City Queens Village State NY Zip Code 11427</p>	<p>[MEMO ITEM] MEMO</p>	
<p>Purpose of Disbursement Candidate Contrib Earmarked Candidate Name</p>		<p>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.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 32230074 <b>Date of Disbursement</b> 03 / 26 / 2007</p>
<p>Mailing Address Nancy Dott 231 Du Rose</p>		<p>Amount of Each Disbursement this Period 50.00</p>
<p>City Madison State WI Zip Code 53705</p>	<p>[MEMO ITEM] MEMO</p>	
<p>Purpose of Disbursement Candidate Contrib Earmarked Candidate Name</p>		<p>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>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Joan Rogin 5627 Olinda Road City: El Sobrante State: CA Zip Code: 94803 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230075 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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: Betty Davis 5611 Central Avenue Pike City: Knoxville State: TN Zip Code: 37912 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230076 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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) Mailing Address: Ruth Swenson 2308 Hamilton Drive City: Ames State: IA Zip Code: 50014 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230077 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 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)

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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 Marilyn Mir 7912 June Lake City San Diego State CA Zip Code 92119 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> 32230078 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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 Elizabeth Reitbauer 560 Little Lake Drive, # 20 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:</b> 32230079 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 75.00 <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 Sheryl Rhodes 56 Sycamore Ridge City Honeoye Falls State NY Zip Code 14472 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> 32230080 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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)

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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.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Julia Vaughan 1178 Reas Ford Rd</p> <p>City Earlysville State VA Zip Code 22936</p> <p>Purpose of 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: 32230081</p> <p>Date of Disbursement 03 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</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 Patricia Clark 23 Lake Drive</p> <p>City Plainfield State IL Zip Code 60544</p> <p>Purpose of 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: 32230082</p> <p>Date of Disbursement 03 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</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 Nancy Adams 14518 Shaker Blvd.</p> <p>City Shaker Heights State OH Zip Code 44120</p> <p>Purpose of 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: 32230083</p> <p>Date of Disbursement 03 / 16 / 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>	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 32230084 <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>0</td><td>3</td><td></td><td>1</td><td>1</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	0	3		1	1		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	1		2	0	7														
<p>Mailing Address: Bonnie Clendenning 23 Blake Street</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: Newton State: MA Zip Code: 02460</p>																						
<p>Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____</p>		<p>[MEMO ITEM] MEMO</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> 32230085 <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>0</td><td>3</td><td></td><td>1</td><td>6</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	0	3		1	6		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	6		2	0	7														
<p>Mailing Address: Irene Casper 145 Huckleberry Drive</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: Jackson State: WY Zip Code: 83001</p>																						
<p>Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____</p>		<p>[MEMO ITEM] MEMO</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> 32230086 <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>0</td><td>3</td><td></td><td>1</td><td>4</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	0	3		1	4		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	4		2	0	7														
<p>Mailing Address: Dolores Kaufmann 5533 Tiger 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: Edwardsville State: IL Zip Code: 62025</p>																						
<p>Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____</p>		<p>[MEMO ITEM] MEMO</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>	<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)

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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) Mailing Address: Kathy Jarrett 5511 Golden Gate Avenue City: Oakland State: CA Zip Code: 94618 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230087 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Bonnie Heindinger 225 Lamb Rd City: Carbondale State: IL Zip Code: 62902 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230088 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 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: Alice Ellis 8 Calle Del Norte City: Rcho Sta Marg State: CA Zip Code: 92688 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230089 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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)

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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> 32230090 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Virginia Holten 2247 Lone Oak Ln		Amount of Each Disbursement this Period 50.00
City Vista State CA Zip Code 92084	[MEMO ITEM] MEMO	
Purpose of 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> 32230091 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address David Golan 106 Sumner Road		Amount of Each Disbursement this Period 100.00
City Brookline State MA Zip Code 02445	[MEMO ITEM] MEMO	
Purpose of 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> 32230092 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Susan Gregory 10 Depot Hill Road		Amount of Each Disbursement this Period 25.00
City Amenia State NY Zip Code 12501	[MEMO ITEM] MEMO	
Purpose of 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)

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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> 32230093 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address Jane Gregozek 766 Privet Ct		Amount of Each Disbursement this Period 50.00
City Sunnyvale State CA Zip Code 94086	[MEMO ITEM] MEMO	
Purpose of 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> 32230094 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address Barbara Nelson 544 Tennyson Avenue		Amount of Each Disbursement this Period 25.00
City Palo Alto State CA Zip Code 94301	[MEMO ITEM] MEMO	
Purpose of 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> 32230095 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Ernest Bicknell 5437 Thomas Avenue		Amount of Each Disbursement this Period 25.00
City Oakland State CA Zip Code 94618	[MEMO ITEM] MEMO	
Purpose of 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)

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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. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Virginia Mueller 106 L Street Old Sacramento</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of 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> 32230096 <b>Date of Disbursement</b> 03 / 16 / 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 Adolfo Tarango 5310 Repecho Drive Apt V201</p> <p>City San Diego State CA Zip Code 92124</p> <p>Purpose of 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> 32230097 <b>Date of Disbursement</b> 03 / 21 / 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. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Paige Lowther 5275 Morning Mist Lane</p> <p>City Alexandria State VA Zip Code 22312</p> <p>Purpose of 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> 32230098 <b>Date of Disbursement</b> 03 / 22 / 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>	<p></p>

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Carmen Castillo 1431 W. Chateau Avenue</p> <p>City Anaheim State CA Zip Code 92802</p> <p>Purpose of 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> 32230099 <b>Date of Disbursement</b> 03 / 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. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Gail Pine 525 West Hillside Street</p> <p>City Inglewood State CA Zip Code 90302</p> <p>Purpose of 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> 32230100 <b>Date of Disbursement</b> 03 / 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>C. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton 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:</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> 32230101 <b>Date of Disbursement</b> 03 / 20 / 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)

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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 Sharon Taylor 524 Park Avenue 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230102</b> Date of Disbursement 03 / 23 / 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 Martha Raak 220 Schenley Rd 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: 32230103</b> Date of Disbursement 03 / 16 / 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 Irvin Johnson 5201 France Avenue S. City Minneapolis State MN Zip Code 55410 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230104</b> Date of Disbursement 03 / 20 / 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)

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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 Mary Blissit 1422 S San Mateo Dr City Palm Springs State CA Zip Code 92264 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: 32230105 Date of Disbursement 03 / 28 / 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 Suzanne Benton 22 Donnelly Drive City Ridgefield State CT Zip Code 06877 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: 32230106 Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Patricia Preston 517 N. MacDonald City Mesa State AZ Zip Code 85201 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: 32230107 Date of Disbursement 03 / 30 / 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)

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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 Charlotte Barkley 515 W. Madison Ave. City Prescott State AZ Zip Code 86301 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: 32230108</b> Date of Disbursement 03 / 28 / 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 Donna Ballard 14213 Ballinger Terrace City Burtonsville State MD Zip Code 20866 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: 32230109</b> Date of Disbursement 03 / 14 / 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 Joanna Nelson 5139 Englewood Drive City San Jose State CA Zip Code 95129 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: 32230110</b> Date of Disbursement 03 / 21 / 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)

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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 Calvin Stempel 14203 SW 66th Street City Miami State FL Zip Code 33183 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: 32230111</b> Date of Disbursement 03 / 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 Dorothy Thompson 5130 Burr Oaks Road City Oklahoma City State OK Zip Code 73105 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: 32230112</b> Date of Disbursement 03 / 22 / 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 Verona Burton 512 Hickory Street 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230113</b> Date of Disbursement 03 / 16 / 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)

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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 Elizabeth Rose 2181 Ambleside Drive City Cleveland State OH Zip Code 44106 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> 32230114 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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 Laura Smith 218 Arlington Street City Birmingham State MI Zip Code 48009 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> 32230115 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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 Carol Schneebaum 51 Landing Drive City Dobbs Ferry State NY Zip Code 10522 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> 32230116 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton Contributions</b>		Transaction ID: 32230117 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Ann Wansley 51 Chula Lane		Amount of Each Disbursement this Period 100.00
City San Francisco	State CA	
Zip Code 94114		[MEMO ITEM] MEMO
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: 32230118 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address Leila Tolleson 11613 SE 7th Street, Apt. 236		Amount of Each Disbursement this Period 5.00
City Vancouver	State WA	
Zip Code 98683		[MEMO ITEM] MEMO
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: 32230119 Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address H Jean Kraft 508 Weir Road		Amount of Each Disbursement this Period 250.00
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton Contributions</b>		Transaction ID: 32230120 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Mary Landis 508 W. Locust Street		Amount of Each Disbursement this Period 100.00
City Polo State IL Zip Code 61064	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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: 32230121 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Zelda Conklin 505 Spangler St. NW		Amount of Each Disbursement this Period 100.00
City Orting State WA Zip Code 98360	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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: 32230122 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address Katherine Akers 5026 West Lake Road		Amount of Each Disbursement this Period 100.00
City Mayville State NY Zip Code 14757	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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)

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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 Beatrice Brown 501 Via Casitas, Apt. 211 City Greenbrae State CA Zip Code 94904 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> 32230123 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 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 Marsha Jacobs 214 S Beverly Glen Blvd 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:</b> 32230124 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 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 Bonnie Levitt 50 Parker Avenue #1 City San Francisco State CA Zip Code 94118 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> 32230125 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

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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.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 32230126 <b>Date of Disbursement</b> 03 / 20 / 2007</p>
<p>Mailing Address Patricia Johnson 5 W. Oak Street</p>		<p>Amount of Each Disbursement this Period 50.00</p>
<p>City Ramsey State NJ Zip Code 07446</p>	<p>[MEMO ITEM] MEMO</p>	
<p>Purpose of Disbursement Candidate Contrib Earmarked Candidate Name</p>		<p>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.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 32230127 <b>Date of Disbursement</b> 03 / 15 / 2007</p>
<p>Mailing Address Rosalind Golembe 214 Harriman Drive</p>		<p>Amount of Each Disbursement this Period 25.00</p>
<p>City Goshen State NY Zip Code 10924</p>	<p>[MEMO ITEM] MEMO</p>	
<p>Purpose of Disbursement Candidate Contrib Earmarked Candidate Name</p>		<p>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.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 32230128 <b>Date of Disbursement</b> 03 / 29 / 2007</p>
<p>Mailing Address Ellen Szuchmacher 5 Evergreen Circle</p>		<p>Amount of Each Disbursement this Period 100.00</p>
<p>City Manhasset State NY Zip Code 11030</p>	<p>[MEMO ITEM] MEMO</p>	
<p>Purpose of Disbursement Candidate Contrib Earmarked Candidate Name</p>		<p>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>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 32230129 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 7
Mailing Address Cindy Buchanan 2131 Mullen Ct		Amount of Each Disbursement this Period 50.00
City Folsom State CA Zip Code 95630	[MEMO ITEM] MEMO	
Purpose of 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> 32230130 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Morton Yuter 5 Dover Avenue		Amount of Each Disbursement this Period 200.00
City Garden City State NY Zip Code 11530	[MEMO ITEM] MEMO	
Purpose of 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> 32230131 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 7
Mailing Address Roberta Potsic 1057 Beaumont Road		Amount of Each Disbursement this Period 100.00
City Berwyn State PA Zip Code 19312	[MEMO ITEM] MEMO	
Purpose of 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)

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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 Elaine Periman 4977 Broomfield Lane City West Bloomfield State MI Zip Code 48322 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> 32230132 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 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 Anne Smoke 2122 Massachusetts Avenue City Washington State DC Zip Code 20008 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> 32230133 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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 Claudine Muller 492 Tamarac Drive City Pasadena State CA Zip Code 91105 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> 32230134 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 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)

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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 Craig Madsen 1416 Dover Road City Santa Barbara State CA Zip Code 93103 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: 32230135</b> Date of Disbursement 03 / 20 / 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 Reinhart 2121 Jamieson Avenue #1806 City Alexandria State VA Zip Code 22314 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: 32230136</b> Date of Disbursement 03 / 13 / 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 Carroll Thomas 115 La Senda Road City Los Alamos State NM Zip Code 87544 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230137</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 125.00 <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)

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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. Hillary Clinton Contributions</b>		Transaction ID: 32230138 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address Ginger Jordan-Hillier 49 Welch Avenue		Amount of Each Disbursement this Period 25.00
City Monmouth	State ME	
Zip Code 04259		[MEMO ITEM] MEMO
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: 32230139 Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address Pat Cairns 4895 El Verano Avenue		Amount of Each Disbursement this Period 50.00
City Atascadero	State CA	
Zip Code 93422		[MEMO ITEM] MEMO
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: 32230140 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Virginia Rancont 2121 Cameron Circle		Amount of Each Disbursement this Period 25.00
City Birmingham	State AL	
Zip Code 35242		[MEMO ITEM] MEMO
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)

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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 Nancy Greenwood 486 N State St City Concord State NH Zip Code 03301 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: 32230141</b> Date of Disbursement 03 / 30 / 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 Mary Brucker 1416 Culverhill Drive City Saint Loius 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: 32230142</b> Date of Disbursement 03 / 30 / 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 Tully 485 Arbor Street City Pasadena State CA Zip Code 91105 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: 32230143</b> Date of Disbursement 03 / 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)

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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 Stacey Creem 87 W Brookside Drive City Larchmont State NY Zip Code 10538 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: 32230144</b> Date of Disbursement 03 / 14 / 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 Charlotte Lowrey 4838 Oscar Court City Fremont State CA Zip Code 94538 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: 32230145</b> Date of Disbursement 03 / 21 / 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 Sandra Cohen 10 River Terrace City Tarrytown State NY Zip Code 10591 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: 32230146</b> Date of Disbursement 03 / 14 / 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)

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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> 32230147 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Patricia Jehle 4760 Crystal Dr		Amount of Each Disbursement this Period 50.00
City Beulah State MI Zip Code 49617	[MEMO ITEM] MEMO	
Purpose of 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> 32230148 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Patricia Dodd 4741 Shoremeade Rd.		Amount of Each Disbursement this Period 100.00
City Richmond State VA Zip Code 23234	[MEMO ITEM] MEMO	
Purpose of 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> 32230149 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Anita Cohen 4730 Atrium Ct. # 252		Amount of Each Disbursement this Period 15.00
City Owings Mills State MD Zip Code 21208	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Tamara Glickman 4724 Dixie Drive City Ponce Inlet State FL Zip Code 32127 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: 32230150</b> Date of Disbursement 03 / 08 / 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 Marguerite Jehle 4717 Collinos Way City Oceanside State CA Zip Code 92056 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: 32230151</b> Date of Disbursement 03 / 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 Ernest Mayer 210 S. Seminary Street City Georgetown State IL Zip Code 61846 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: 32230152</b> Date of Disbursement 03 / 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

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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 Judith Grimm 1404 E County Rd M City River Falls State WI Zip Code 54022 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: 32230153 Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Ellen Eckels 1056 Tithing View Ct City Riverton State UT Zip Code 84065 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: 32230154 Date of Disbursement 03 / 14 / 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 Gloria Bailey 208 Ash Run Road City Louisville State KY Zip Code 40245 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: 32230155 Date of Disbursement 03 / 26 / 2007 Amount of Each Disbursement this Period 1000.00 [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

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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. Hillary Clinton Contributions</b>		Transaction ID: 32230156 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Gale Gatto 47 Aspen Ct		Amount of Each Disbursement this Period 25.00
City Evergreen State CO Zip Code 80439	[MEMO ITEM] MEMO	
Purpose of 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: 32230157 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Jean Chernow 888 Eighth Avenue, # 4P		Amount of Each Disbursement this Period 25.00
City New York State NY Zip Code 10019	[MEMO ITEM] MEMO	
Purpose of 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: 32230158 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Mary Morrison 466 Ballytore Road		Amount of Each Disbursement this Period 250.00
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) ▼	

<b>SUBTOTAL</b> of 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)

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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> 32230159 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Dolores Welty 2076 Sheridan Road		Amount of Each Disbursement this Period 100.00
City Encinitas State CA Zip Code 92024	[MEMO ITEM] MEMO	
Purpose of 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> 32230160 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Gloria Pond 463 Good Hill Road		Amount of Each Disbursement this Period 50.00
City Woodbury State CT Zip Code 06798	[MEMO ITEM] MEMO	
Purpose of 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> 32230161 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Margaret Roffee 20701 Sabbath Court		Amount of Each Disbursement this Period 100.00
City Gaithersburg State MD Zip Code 20882	[MEMO ITEM] MEMO	
Purpose of 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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Beverly Walcoff 4620 N Park Ave PH 8E 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:		Transaction ID: 32230162 Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address 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:		Transaction ID: 32230163 Date of Disbursement 03 / 16 / 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 Jean Lawton 207 River Chase Drive City Orlando State FL Zip Code 32807 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: 32230164 Date of Disbursement 03 / 13 / 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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address James Lyon 1005 Arlington Street City Clinton State MS Zip Code 39056 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> 32230165 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 20.00 <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 Alwyn Johnson 4601 Rue Belle Mer City Sanibel State FL Zip Code 33957 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> 32230166 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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 Jessica Stickney 1400 Poly Drive, Apt. 8BC City Billings State MT Zip Code 59102 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> 32230167 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 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

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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. Hillary Clinton Contributions</b>		Transaction ID: 32230168 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address S. Goldblum 11411 Dona Pegita Drive		Amount of Each Disbursement this Period 25.00
City State Zip Code Studio City CA 91604	[MEMO ITEM] MEMO	
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: 32230169 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address N. Alden 4540 8th Avenue NE # 802		Amount of Each Disbursement this Period 100.00
City State Zip Code Seattle WA 98105	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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: 32230170 Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address James Dingus 20600 Chagrin Blvd. # 701		Amount of Each Disbursement this Period 99.25
City State Zip Code Shaker Heights OH 44122	[MEMO ITEM] MEMO	
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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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: 32230171 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Jeanette Finkbiner Leeds 450 Elm Avenue		Amount of Each Disbursement this Period 30.00
City Haddonfield State NJ Zip Code 08033	[MEMO ITEM] MEMO	
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. Hillary Clinton Contributions</b>		Transaction ID: 32230172 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Dennis Schirmer 206 Cypress Avenue		Amount of Each Disbursement this Period 25.00
City Santa Cruz State CA Zip Code 95062	[MEMO ITEM] MEMO	
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. Hillary Clinton Contributions</b>		Transaction ID: 32230173 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Esther Buck 1053 Wilson Avenue		Amount of Each Disbursement this Period 50.00
City Chambersburg State PA Zip Code 17201	[MEMO ITEM] MEMO	
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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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: 32230174 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address Robin Blaetz 45 Elf Hill Road		Amount of Each Disbursement this Period 25.00
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 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: 32230175 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Leotus Morrison 4440 Grattan Price Drive		Amount of Each Disbursement this Period 100.00
City Harrisonburg State VA Zip Code 22801	[MEMO ITEM] MEMO	
Purpose of 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: 32230176 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Evelyn Costello 444 Middle Neck Road, # 3K		Amount of Each Disbursement this Period 50.00
City Great Neck State NY Zip Code 11023	[MEMO ITEM] MEMO	
Purpose of 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) ..... ▶	[ ]

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Martha Smith 4435 1st Street NE City St. Petersburg State FL Zip Code 33703 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: 32230177</b> Date of Disbursement 03 / 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 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: 32230178</b> Date of Disbursement 03 / 20 / 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 Sherry Nehmer 205 West End Avenue City New York State NY Zip Code 10023 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230179</b> Date of Disbursement 03 / 14 / 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)

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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 Lorraine McCrary 4411 Ripley 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: 32230180</b> Date of Disbursement 03 / 30 / 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 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: 32230181</b> Date of Disbursement 03 / 08 / 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 Julie Martin 4409 SE Woodward Street City Portland State OR Zip Code 97206 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: 32230182</b> Date of Disbursement 03 / 13 / 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Hillary Clinton Contributions

Full Name (Last, First, Middle Initial)  
Hillary Clinton Contributions

Mailing Address Idella Chybinski  
205 S. Yoakum Pky., Apt. 1217

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 32230183  
Date of Disbursement  
03 / 22 / 2007

Amount of Each Disbursement this Period  
25.00

[MEMO ITEM]  
MEMO

**B.** Hillary Clinton Contributions

Full Name (Last, First, Middle Initial)  
Hillary Clinton Contributions

Mailing Address Ellen Yurek  
2041 Yellowthroat Place

City Thousand Oaks State CA Zip Code 91320

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 32230184  
Date of Disbursement  
03 / 23 / 2007

Amount of Each Disbursement this Period  
100.00

[MEMO ITEM]  
MEMO

**C.** Hillary Clinton Contributions

Full Name (Last, First, Middle Initial)  
Hillary Clinton Contributions

Mailing Address Judith Fisher  
204 Dromara Road

City Guilford State CT Zip Code 06437

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 32230185  
Date of Disbursement  
03 / 05 / 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)

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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 Eunice Davis 436 Transit Avenue City Roseville State MN Zip Code 55113 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: 32230186</b> Date of Disbursement 03 / 19 / 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 Nadine Harvey 435 S. Livernois Road City Rochester Hills State MI Zip Code 48307 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: 32230187</b> Date of Disbursement 03 / 16 / 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 Robert Bealmear 2032 Balmer Drive City Los Angeles State CA Zip Code 90039 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: 32230188</b> Date of Disbursement 03 / 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)

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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. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 32230189 <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>0</td><td>3</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> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	3		2	0	0	7													
<p>Mailing Address Jane Stephenson 2030 Chester Blvd. # 60</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 Richmond State IN Zip Code 47374</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> 32230190 <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>0</td><td>3</td><td></td><td>2</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	0	3		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	8		2	0	0	7													
<p>Mailing Address Janice Goldblum 10501 Wilshire Blvd. Unit 701</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>75.00</td> </tr> </table> </p>	75.00																			
75.00																						
<p>City Los Angeles State CA Zip Code 90024</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> 32230191 <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>0</td><td>3</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> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	9		2	0	0	7													
<p>Mailing Address Randy Castro 4305 Lakeview Drive SE</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>500.00</td> </tr> </table> </p>	500.00																			
500.00																						
<p>City Port Orchard State WA Zip Code 98366</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:  
(check only one)

PAGE 906 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Annette Dwyer 20221 83rd Place NE City: Kenmore State: WA Zip Code: 98028 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230192 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 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: Sayre Sheldon 14 Fayette Street 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230193 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 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: Ellen Lazar 430 Wedgewood Drive City: Easton State: PA Zip Code: 18045 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230194 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 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)

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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: G Truxton Ringe 2020 Cardinal Lane SE City: Olympia 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:</b> 32230195 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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: June Vawter 14 Ellis Street City: Freehold State: NJ Zip Code: 07728 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230196 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7 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: 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230197 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 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 908 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Sandra Drant 201 Grant Street, # PH1 City Sewickley State PA Zip Code 15143 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: 32230198</b> Date of Disbursement 03 / 23 / 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 Joan Truckenbrod 14 Cari Court City Dekalb State IL Zip Code 60115 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: 32230199</b> Date of Disbursement 03 / 14 / 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 Judith Feldstein 425 Wembley Circle 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230200</b> Date of Disbursement 03 / 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 910 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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 William Crawford 1399 9th Avenue, Apt. 117</p> <p>City San Diego State CA Zip Code 92101</p> <p>Purpose of 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: 32230204 Date of Disbursement 03 / 13 / 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 Donald Ernst 2009 Kimmy Ln</p> <p>City Arnold State MO Zip Code 63010</p> <p>Purpose of 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: 32230205 Date of Disbursement 03 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 10.00</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 Mary Lou Brown 139 Via Baja</p> <p>City Ventura State CA Zip Code 93003</p> <p>Purpose of 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: 32230206 Date of Disbursement 03 / 16 / 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>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 32230207 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address: Jeanne Snodgrass 10501 Lagrima De Oro NE		Amount of Each Disbursement this Period 250.00
City: Albuquerque State: NM Zip Code: 87111	[MEMO ITEM] MEMO	
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> 32230208 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address: Simmie Robinson 2007 W Humble Street		Amount of Each Disbursement this Period 25.00
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>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions		<b>Transaction ID:</b> 32230209 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address: Ann Karpick 42 Soley Street		Amount of Each Disbursement this Period 200.00
City: Charlestown State: MA Zip Code: 02129	[MEMO ITEM] MEMO	
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)

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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> 32230210 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 7
Mailing Address Pamela Kedderis 42 Northwoods Road		Amount of Each Disbursement this Period 100.00
City Farmington State CT Zip Code 06032	[MEMO ITEM] MEMO	
Purpose of 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> 32230211 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Elizabeth Owen 10 Park Drive		Amount of Each Disbursement this Period 50.00
City Yalaha State FL Zip Code 34797	[MEMO ITEM] MEMO	
Purpose of 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> 32230212 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Dorothy Hasler 4193 Shorebrook		Amount of Each Disbursement this Period 25.00
City Sterling Heights State MI Zip Code 48314	[MEMO ITEM] MEMO	
Purpose of 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)

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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 Justine Barton 1124 Deleisseline Blvd. City Mt. Pleasant State SC Zip Code 29464 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> 32230213 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 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 Virginia Aycock-Burr 415 South St Apt 1201 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> 32230214 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 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 Sheila Martin 20 Eagle Gap Road City Novato State CA Zip Code 94949 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> 32230215 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 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)

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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 Judith Townsend 20 Clairborne Ct City Bluffton State SC Zip Code 29909 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> 32230216 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7 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 Jean McCoy 4100 Well Spring Drive City Greensboro State NC Zip Code 27410 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> 32230217 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 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 Margaret Pattison 410 S. Brook Lane City Anaheim State CA Zip Code 92807 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> 32230218 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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: 32230219 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Shirley Gabaree 41 Daniel Lucy Way		Amount of Each Disbursement this Period 100.00
City Newburyport State MA Zip Code 01950	[MEMO ITEM] MEMO	
Purpose of 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: 32230220 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Margaret Ann Rud 2 Wheaton Center		Amount of Each Disbursement this Period 15.00
City Wheaton State IL Zip Code 60187	[MEMO ITEM] MEMO	
Purpose of 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: 32230221 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Beth Myers 4070 W. Forest Park Drive		Amount of Each Disbursement this Period 50.00
City Bloomington State IN Zip Code 47404	[MEMO ITEM] MEMO	
Purpose of 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)

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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) Jennifer Jones 406 Grant Street SW City: Grand Rapids State: MI Zip Code: 49503 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230222 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 7 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) Muriel Hinz 21912 Kramer St City: St Clr Shores State: MI Zip Code: 48080 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230223 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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) Mary Showers 5138 South Ridge Road City: Cincinnati State: OH Zip Code: 45224 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230224 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 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)

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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 Dianne Bennett 2 Mayfair Lane City Buffalo State NY Zip Code 14201 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32230225 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 7 Amount of Each Disbursement this Period 1000.00 [MEMO ITEM] MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Joyce Chase 2 Fifth Avenue City NYC 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 32230226 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7 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 Helen Millson 4026 Constitution Avenue City Fairfield State CA Zip Code 94533 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32230227 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 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)

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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> 32230228 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address Gretchen Mieszkowski 4023 Manorfield Drive		Amount of Each Disbursement this Period 100.00
City Seabrook State TX Zip Code 77586	[MEMO ITEM] MEMO	
Purpose of 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> 32230229 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address Olga Semanchik 401 Walnick Drive		Amount of Each Disbursement this Period 100.00
City Frackville State PA Zip Code 17931	[MEMO ITEM] MEMO	
Purpose of 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> 32230230 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Joseph Williams 401 N. Du Quion Street # 4		Amount of Each Disbursement this Period 100.00
City Benton State IL Zip Code 62812	[MEMO ITEM] MEMO	
Purpose of 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)

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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) Christine Long Mailing Address 19710 W 13 Mile Rd # 203 City Beverly Hills State MI Zip Code 48025 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230231</b> Date of Disbursement 03 / 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) Sarah Allard Mailing Address 401 6th Avenue SW City Warroad State MN Zip Code 56763 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: 32230232</b> Date of Disbursement 03 / 16 / 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) Bruce Hellmer Mailing Address 4000 Pleasant Valley City Brighton State MI Zip Code 48114 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: 32230233</b> Date of Disbursement 03 / 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)

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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: Abbie Shouse 400 S. Shade Avenue City: Sarasota State: FL Zip Code: 34237 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230234 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7 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: Elizabeth Jones 104 Gilley Drive City: Williamsburg State: VA Zip Code: 23188 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230235 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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: Kenneth Rosenzweig 196 Scott Avenue City: Winnetka 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:</b> 32230236 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 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)

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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 Lorene Sarne 4 Monroe 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: 32230237</b> Date of Disbursement 03 / 30 / 2007 Amount of Each Disbursement this Period 10.00 <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 Murray Laver 1950 SW Whiteside Drive City Corvallis State OR Zip Code 97333 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230238</b> Date of Disbursement 03 / 20 / 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 Jennifer Percy 4 Chase Street # 2 City Salem State MA Zip Code 01970 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230239</b> Date of Disbursement 03 / 20 / 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)

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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 Beth Miszewski 3975 S. Victoria Ct. City New Berlin State WI Zip Code 53151 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: 32230240</b> Date of Disbursement 03 / 10 / 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 Barbara Gaborko 39638 Freemark Abbey City Murrieta State CA Zip Code 92563 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: 32230241</b> Date of Disbursement 03 / 23 / 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 Bruce Hollingsworth 3905B Wiley Avenue City Chattanooga State TN Zip Code 37412 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: 32230242</b> Date of Disbursement 03 / 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)

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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> 32230243 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Sheryl Rowling 390 San Antonio Avenue		Amount of Each Disbursement this Period 100.00
City San Diego State CA Zip Code 92106	<b>[MEMO ITEM]</b> MEMO	
Purpose of 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> 32230244 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Barbara Hardman 39 Jane Lacey Drive, Apt. Q		Amount of Each Disbursement this Period 5.00
City Endicott State NY Zip Code 13760	<b>[MEMO ITEM]</b> MEMO	
Purpose of 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> 32230245 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address Mary Maughelli 1114 W. Keats Avenue		Amount of Each Disbursement this Period 50.00
City Fresno State CA Zip Code 93711	<b>[MEMO ITEM]</b> MEMO	
Purpose of 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)

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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 Betty Colee 1935 Pioneer Trail City New Smyrna Beach State FL Zip Code 32168 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: 32230246</b> Date of Disbursement 03 / 19 / 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 Mary Cogswell 1931 Mercedes Court 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230247</b> Date of Disbursement 03 / 20 / 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 Arthur Fry 1923 E. Joyce Blvd. Apt. 323 City Fayetteville State AR Zip Code 72703 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: 32230248</b> Date of Disbursement 03 / 28 / 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)

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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 Malina Hills 1332 S. Gertruda Avenue City Redondo Beach State CA Zip Code 90277 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230249 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 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 Stephen Gardner 3833 W. County Road 8 City Berthoud State CO Zip Code 80513 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230250 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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 John Swadley 19225 4th Ave NE Apt 107 City Poulsbo State WA Zip Code 98370 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230251 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 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)

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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> 32230252 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address: Barbara Lawrence 383 South Middlebush Road		Amount of Each Disbursement this Period 250.00
City: Somerset State: NJ Zip Code: 08873	[MEMO ITEM] MEMO	
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> 32230253 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address: Ann Beyer 3819 Magnolia Drive		Amount of Each Disbursement this Period 50.00
City: Palo Alto State: CA Zip Code: 94306	[MEMO ITEM] MEMO	
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> 32230254 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address: Jane Will 3816 Hickory Lane		Amount of Each Disbursement this Period 100.00
City: Oconomowoc State: WI Zip Code: 53066	[MEMO ITEM] MEMO	
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)

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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 Virginia Polak 38 Fairlawn Drive City Berkeley State CA Zip Code 94708 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230255</b> Date of Disbursement 03 / 23 / 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 Patricia Hok 1111 Alvarado Avenue City Davis State CA Zip Code 95616 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230256</b> Date of Disbursement 03 / 16 / 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 Bernice Elkin 3737 Atlantic Avenue Apt 1101 City Long Beach State CA Zip Code 90807 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: 32230257</b> Date of Disbursement 03 / 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)

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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. Hillary Clinton Contributions</b>		Transaction ID: 32230258 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address John Higham 100 Yale Road		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 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: 32230259 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address Mina Meyer 3735 Albury Avenue		Amount of Each Disbursement this Period 100.00
City Long Beach State CA Zip Code 90808	[MEMO ITEM] MEMO	
Purpose of 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: 32230260 Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address Ann Owchar 3726 SW Webster Street		Amount of Each Disbursement this Period 15.00
City Seattle State WA Zip Code 98126	[MEMO ITEM] MEMO	
Purpose of 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)

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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 Marylou Barnes 133 Santolina Park City Peachtree City State GA Zip Code 30269 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: 32230261</b> Date of Disbursement 03 / 24 / 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 Alison Hannan 19 S Belden Hill Road City Guilford State VT Zip Code 05301 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: 32230262</b> Date of Disbursement 03 / 16 / 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 Frances Power 3705 Hilldale Road City Oakwood State GA Zip Code 30566 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: 32230263</b> Date of Disbursement 03 / 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)

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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.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 32230264 <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>0</td><td>3</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	0	3		2	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	4		2	0	0	7													
<p>Mailing Address Carolyn Crutchfield 133 Santolina Park</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 Peachtree City State GA Zip Code 30269</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> 32230265 <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>0</td><td>3</td><td></td><td>2</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	0	3		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	8		2	0	0	7													
<p>Mailing Address Maria Stratton 3700 Lowry 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 Los Angeles State CA Zip Code 90027</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> 32230266 <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>0</td><td>3</td><td></td><td>1</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	0	3		1	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	4		2	0	0	7													
<p>Mailing Address Prudence Perry 370 E. Baldwin Lane</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 Shelton State WA Zip Code 98584</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)

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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 Judy Lumbert 11102 Lincoln Trl. City Indianapolis State IN Zip Code 46236 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: 32230267 Date of Disbursement 03 / 26 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Moly Cornell 37 Shapquit Bars Road City Falmouth State MA Zip Code 02540 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: 32230268 Date of Disbursement 03 / 14 / 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 Judith Hurwich 37 Hardesty 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 32230269 Date of Disbursement 03 / 13 / 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)

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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 Susan Hodge 368 Edgewood Avenue City Teaneck State NJ Zip Code 07666 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> 32230270 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 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 Pamela Withrow 3640 Stage Road City Ionia State MI Zip Code 48846 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> 32230271 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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 Shirlee Sappell 3633 Ostrom Avenue City Long Beach State CA Zip Code 90808 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> 32230272 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 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)

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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 Doris Edwards 19 Pocono Road, Apt. 431A City Denville State NJ Zip Code 07834 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> 32230273 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 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 Richard Lieber 11100 Springmall Rd. City Carmel State IN Zip Code 46032 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> 32230274 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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 Brad Waltman 3605 Cowboy Ranch Avenue City N. Las Vegas State NV Zip Code 89031 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> 32230275 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 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)

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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 Norma Stone 3601 Turtle Creek Blvd. City Dallas State TX Zip Code 75219 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230276</b> Date of Disbursement 03 / 06 / 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 Sonia Ragir 188 Abbey Road City Mt Tremper State NY Zip Code 12457 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: 32230277</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 30.00 <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 Yvonne Logan 36 South Gore 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: 32230278</b> Date of Disbursement 03 / 20 / 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)

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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 Shirley Decorte 1322 E. Arnold Street City Sandwich State IL Zip Code 60548 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: 32230279 Date of Disbursement 03 / 25 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Joyce Elden 18680 Lake Bend Drive City Jupiter State FL Zip Code 33458 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: 32230280 Date of Disbursement 03 / 30 / 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 Johanna Wilde 9601 Miccosukee Road, Lot 29 City Tallahassee State FL Zip Code 32309 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: 32230281 Date of Disbursement 03 / 28 / 2007 Amount of Each Disbursement this Period 20.00 [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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Lois Disney 1313 Woodside Terrace City Blacksburg State VA Zip Code 24060 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230285 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 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 Caroline Murphy 185 Sumner Avenue City Springfield State MA Zip Code 01108 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230286 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 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 Theodore Hiatt 35 Bryn Mawr Drive City San Rafael State CA Zip Code 94901 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230287 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 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) ..... ▶	0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Dawn Schock 1812A Spreckels Lane City Redondo Beach State CA Zip Code 90278 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: 32230288 Date of Disbursement 03 / 05 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Margo Light 1808 Greenlawn Avenue City Kalamazoo State MI Zip Code 49006 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: 32230289 Date of Disbursement 03 / 19 / 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 Karla Kwist 3496 Biela City Las Vegas State NV Zip Code 89120 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: 32230290 Date of Disbursement 03 / 14 / 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)

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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 Sharon Arthur 34915 Chestnut Street City Wayne State MI Zip Code 48184 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: 32230291</b> Date of Disbursement 03 / 23 / 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 Frances Bull 3467 Craig Road 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: 32230292</b> Date of Disbursement 03 / 13 / 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 Marilyn Shirey 3465 San Mateo Avenue City Reno State NV Zip Code 89509 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: 32230293</b> Date of Disbursement 03 / 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)

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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 Carole Cohen 3439 Sacramento Street, #402 City San Francisco State CA Zip Code 94118 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> 32230294 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 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 A. Contreras 1805 Lyndon Road 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:</b> 32230295 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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 Shirley Vitale 1800 S Ocean Drive # 401 City Fort Lauderdale State FL Zip Code 33316 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> 32230296 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 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)

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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 Margaret Copi 3426 Adell Court 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230297</b> Date of Disbursement 03 / 20 / 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 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: 32230298</b> Date of Disbursement 03 / 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 Esther VanHaften 3404 Dartmouth Drive City Midland State MI Zip Code 48642 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: 32230299</b> Date of Disbursement 03 / 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)

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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: Marian Edelstein 180 E. Pearson Street 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) ▼		<b>Transaction ID:</b> 32230300 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 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: Laura Gillis 3401 Lake Montebello Drive City: Baltimore State: MD Zip Code: 21218 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230301 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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: Gale Kempf 336 5th Avenue City: Indiatlantic State: FL Zip Code: 32903 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230302 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 9 / 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)

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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 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> 32230303 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 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 Phyllis Kaufman 33470 SW Chinook Plaza City Scappoose State OR Zip Code 97056 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> 32230304 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 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 Donna Huckins 13010 Sandy Key Bend #2 City Fort Myers State FL Zip Code 33903 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> 32230305 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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)

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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 Luana Josvold P.O. Box 100 City Mattapoisett State MA Zip Code 02739 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230306</b> Date of Disbursement 03 / 15 / 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 Robert Lowensohn 3337 Oakdell Road City Studio City State CA Zip Code 91604 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230307</b> Date of Disbursement 03 / 16 / 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 Helga Slessarev 1101 Butterfield 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32230308</b> Date of Disbursement 03 / 20 / 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)

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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.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address: Barbara Hoeft RR 1 Box 605</p> <p>City: Milton State: WV Zip Code: 25541</p> <p>Purpose of 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: 32230309</p> <p>Date of Disbursement: 03 / 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.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address: Katharine Evans 18 Lafayette Road</p> <p>City: Ipswich State: MA Zip Code: 01938</p> <p>Purpose of 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: 32230310</p> <p>Date of Disbursement: 03 / 20 / 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> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address: D. McGill POB 619</p> <p>City: Bayfield State: CO Zip Code: 81122</p> <p>Purpose of 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: 32230311</p> <p>Date of Disbursement: 03 / 30 / 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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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Ann LaRae Ivey 30948 E. Sunset Dr. So. 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230312</b> Date of Disbursement 03 / 26 / 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 Jennifer Allred 3310 Oakwood Street City Salt Lake City State UT Zip Code 84109 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: 32230313</b> Date of Disbursement 03 / 07 / 2007 Amount of Each Disbursement this Period 20.00 <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 Moore PO Box 783 City Alburg State VT Zip Code 05440 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: 32230314</b> Date of Disbursement 03 / 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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Clewe 1032 Junipero Avenue City Long Beach State CA Zip Code 90804 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230315 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Charlene Walker PO Box 696 City Lahaina State HI Zip Code 96767 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230316 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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) Mailing Address Barbara Tadin 11002 Wakefield street City Westchester State IL Zip Code 60154 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230317 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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 <b>Barbara Woelk</b> PO Box 487</p> <p>City <b>Fairplay</b> State <b>CO</b> Zip Code <b>80440</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 32230318 <b>Date of Disbursement</b> 03 / 28 / 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 <b>Louisa Ferree</b> 177 Crescent Street</p> <p>City <b>Northampton</b> State <b>MA</b> Zip Code <b>01060</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 32230319 <b>Date of Disbursement</b> 03 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 300.00</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 <b>Mary Ellis</b> 330 Shady Woods Cove</p> <p>City <b>Memphis</b> State <b>TN</b> Zip Code <b>38120</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 32230320 <b>Date of Disbursement</b> 03 / 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>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

<p><b>A.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Maria Apollo 330 East Broadway</p> <p>City Port Jefferson Sta State NY Zip Code 11777</p> <p>Purpose of 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: 32230321</p> <p>Date of Disbursement 03 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</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 Kimberly Hoover 1761 Church Street NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of 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: 32230322</p> <p>Date of Disbursement 03 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</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 Mary Gray 1760 Rosecrest Drive</p> <p>City Philomatt State OR Zip Code 97370</p> <p>Purpose of 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: 32230323</p> <p>Date of Disbursement 03 / 13 / 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

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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> 32230324 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Eleanor Cogswell 33 Edgehill Road		Amount of Each Disbursement this Period 100.00
City Stow State MA Zip Code 01775	[MEMO ITEM] MEMO	
Purpose of 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> 32230325 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address Margaret Wolf PO Box 272504		Amount of Each Disbursement this Period 100.00
City Fort Collins State CO Zip Code 80527	[MEMO ITEM] MEMO	
Purpose of 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> 32230326 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Stanley Bier P.O. Box 192		Amount of Each Disbursement this Period 100.00
City Colonia State NJ Zip Code 07067	[MEMO ITEM] MEMO	
Purpose of 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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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> 32230327 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Pamela Bushing PO Box 1978		Amount of Each Disbursement this Period 250.00
City Pinehurst State NC Zip Code 28370	[MEMO ITEM] MEMO	
Purpose of 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> 32230328 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Nita Corinblit 5854 Hillview Park Avenue		Amount of Each Disbursement this Period 100.00
City Valley Glen State CA Zip Code 91401	[MEMO ITEM] MEMO	
Purpose of 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> 32230329 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Margaret Center PO Box 193		Amount of Each Disbursement this Period 100.00
City Wilton State NH Zip Code 03086	[MEMO ITEM] MEMO	
Purpose of 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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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> 32230330 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Wilma Thompson PO Box 1872		Amount of Each Disbursement this Period 100.00
City North Eastham State MA Zip Code 02651	[MEMO ITEM] MEMO	
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> 32230331 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Suanne Dullard PO Box 14		Amount of Each Disbursement this Period 25.00
City Bigfork State MN Zip Code 56628	[MEMO ITEM] MEMO	
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> 32230332 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Etel Thomas PO Box 134		Amount of Each Disbursement this Period 50.00
City Mount Desert State ME Zip Code 04660	[MEMO ITEM] MEMO	
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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Hazel Cypen 320 W. Dilido Drive 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: 32230333</b> Date of Disbursement 03 / 28 / 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: Jodi Lustig 130 W 79th #6F 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: 32230334</b> Date of Disbursement 03 / 26 / 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) Mailing Address: Catherine Watson P.O. Box 914 City: Penney Farms State: FL Zip Code: 32079 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230335</b> Date of Disbursement 03 / 14 / 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) ..... ▶	_____

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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.</b> Hillary Clinton Contributions Full Name (Last, First, Middle Initial) Mailing Address: Judith Wolff 6 Durkee Road City: Acton State: MA Zip Code: 01720 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32230336 Date of Disbursement: 03 / 16 / 2007 Amount of Each Disbursement this Period: 100.00 [MEMO ITEM] MEMO
<b>B.</b> Hillary Clinton Contributions Full Name (Last, First, Middle Initial) Mailing Address: William McCune P.O. Box 9 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 32230337 Date of Disbursement: 03 / 20 / 2007 Amount of Each Disbursement this Period: 250.00 [MEMO ITEM] MEMO
<b>C.</b> Hillary Clinton Contributions Full Name (Last, First, Middle Initial) Mailing Address: Geraldine Howard P.O. Box 828 City: Clinton State: WA Zip Code: 98236 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32230338 Date of Disbursement: 03 / 28 / 2007 Amount of Each Disbursement this Period: 25.00 [MEMO ITEM] MEMO

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<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:</b> 32230339 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 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: Joan Larsen 174 County Route 35 City: Canton State: NY Zip Code: 13617 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230340 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 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: Darlene Clements 319 Montfort Drive City: San Antonio State: TX Zip Code: 78216 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230341 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 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)

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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 Jean Lincoln P.O. Box 5876 City Burlington State VT Zip Code 05402 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> 32230342 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 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 Palma Cabiles 3172 Coral Drive City Oceanside State CA Zip Code 92056 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> 32230343 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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 Marie Roberts P.O. Box 5676 City Frisco State CO Zip Code 80443 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> 32230344 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 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)

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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> 32230345 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Diane Brelsford 11 W Aloha St Apt 604		Amount of Each Disbursement this Period 50.00
City Seattle State WA Zip Code 98119	[MEMO ITEM] MEMO	
Purpose of 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> 32230346 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Suzanne Barnett P.O. Box 50		Amount of Each Disbursement this Period 100.00
City Nazareth State KY Zip Code 40048	[MEMO ITEM] MEMO	
Purpose of 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> 32230347 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address Julie Fershtman 31700 Briarcliff Road		Amount of Each Disbursement this Period 50.00
City Franklin State MI Zip Code 48025	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 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)

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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. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Olivia Quijano 1738 County Hwy 29</p> <p>City Oneonta State AL Zip Code 35121</p> <p>Purpose of 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: 32230348 Date of Disbursement 03 / 16 / 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. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Sally Carson 3153 N 17th Street</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of 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: 32230349 Date of Disbursement 03 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 135.00</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. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Susanne Woods 17273 La Brisa Lane</p> <p>City Sugarloaf Shores State FL Zip Code 33042</p> <p>Purpose of 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: 32230350 Date of Disbursement 03 / 20 / 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>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)

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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. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Bryce Henry P.O. Box 369</p> <p>City Edmonds State WA Zip Code 98020</p> <p>Purpose of 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> 32230351 <b>Date of Disbursement</b> 03 / 14 / 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 Elaine Bridges P.O. Box 3605</p> <p>City San Angelo State TX Zip Code 76902</p> <p>Purpose of 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> 32230352 <b>Date of Disbursement</b> 03 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</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 Olga Dworkin 31401 Stonewood Court West</p> <p>City Farmington Hills State MI Zip Code 48334</p> <p>Purpose of 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> 32230353 <b>Date of Disbursement</b> 03 / 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>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)

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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. Hillary Clinton Contributions</b>		Transaction ID: 32230354 Date of Disbursement MM / DD / YYYY 03 / 13 / 2007
Mailing Address Elise Yablonski 314 W 77th Street		Amount of Each Disbursement this Period 100.00
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. Hillary Clinton Contributions</b>		Transaction ID: 32230355 Date of Disbursement MM / DD / YYYY 03 / 30 / 2007
Mailing Address Peg Vines 127 N Old Manor Street		Amount of Each Disbursement this Period 50.00
City Wichita State KS Zip Code 67208	[MEMO ITEM] MEMO	
Purpose of 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: 32230356 Date of Disbursement MM / DD / YYYY 03 / 16 / 2007
Mailing Address David Petrig 1721 Saulter Road		Amount of Each Disbursement this Period 100.00
City Homewood State AL Zip Code 35209	[MEMO ITEM] MEMO	
Purpose of 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)

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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: Rose Thorman P.O. Box 4312 City: Annapolis State: MD Zip Code: 21403 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230357 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 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: Patricia Medvick P.O. Box 3077 City: Richland State: WA Zip Code: 99354 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230358 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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: Vera Blinn Reber 314 East King Street City: Shippensburg State: PA Zip Code: 17257 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230359 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 9 / 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)

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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.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Beverly Gibbs P.O. Box 279</p> <p>City Manchaca State TX Zip Code 78652</p> <p>Purpose of 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> 32230360 <b>Date of Disbursement</b> 03 / 16 / 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> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Marguerite Chandler P.O. Box 250</p> <p>City Cape May Point State NJ Zip Code 08212</p> <p>Purpose of 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> 32230361 <b>Date of Disbursement</b> 03 / 14 / 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> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Betty Lou Deans 17200 SW 93rd Avenue</p> <p>City Palmetto Bay State FL Zip Code 33157</p> <p>Purpose of 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> 32230362 <b>Date of Disbursement</b> 03 / 21 / 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)

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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) Mailing Address Eleanor Grant 1025 Bamar Lane City Galveston State TX Zip Code 77554 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230363</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7 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 Richard Goodwin P.O. Box 2040 City Salem State CT Zip Code 06420 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230364</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 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) Mailing Address Gayle Moore 3115 Mauricia Avenue 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: 32230365</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 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)

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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. Hillary Clinton Contributions</b>		Transaction ID: 32230366 Date of Disbursement 03 / 22 / 2007
Mailing Address Janice Miller 1266 West 20th Avenue		Amount of Each Disbursement this Period 100.00
City Oshkosh State WI Zip Code 54902	[MEMO ITEM] MEMO	
Purpose of 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: 32230367 Date of Disbursement 03 / 20 / 2007
Mailing Address Mark Benard P.O. Box 19350		Amount of Each Disbursement this Period 100.00
City New Orleans State LA Zip Code 70179	[MEMO ITEM] MEMO	
Purpose of 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: 32230368 Date of Disbursement 03 / 19 / 2007
Mailing Address Cheryl Braun 1710 N Larrabee Street		Amount of Each Disbursement this Period 100.00
City Chicago State IL Zip Code 60614	[MEMO ITEM] MEMO	
Purpose of 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)

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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 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 32230369 Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Jacqueline Stefko 171 Colorado Street City Highland Park 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:		Transaction ID: 32230370 Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Shirley Seher 310 11th Avenue SE City Jamestown State ND Zip Code 58401 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: 32230371 Date of Disbursement 03 / 16 / 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)

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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. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Shirley Kalb 1255 North Avenue</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:</p>		<p>Transaction ID: 32230372 Date of Disbursement 03 / 16 / 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. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Katherine Kelly P.O. Box 1817</p> <p>City Pawley Island State SC Zip Code 29585</p> <p>Purpose of 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: 32230373 Date of Disbursement 03 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</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. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address A. Dickerson P.O. Box 1772</p> <p>City Brownwood State TX Zip Code 76804</p> <p>Purpose of 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: 32230374 Date of Disbursement 03 / 16 / 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>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)

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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 Sarah Hancock 31 Summit Rd 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:</b> 32230375 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 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 Frances Gonzales 17012 Treviso Way City Naples State FL Zip Code 34110 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> 32230376 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 Amount of Each Disbursement this Period 2100.00 <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 Polly Masters P.O. Box 106 City Ancramdale State NY Zip Code 12503 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> 32230377 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 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)

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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. Hillary Clinton Contributions</b>		Transaction ID: 32230378 Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address Henry Lang 1700 6th Street NW Apt. B24		Amount of Each Disbursement this Period 100.00
City Winter Haven State FL Zip Code 33881	[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: 32230379 Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address Lynette Reilly 12516 Davan Drive		Amount of Each Disbursement this Period 100.00
City Silver Spring State MD Zip Code 20904	[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: 32230380 Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address Lauren Artress 309 Coleridge St		Amount of Each Disbursement this Period 125.00
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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Neva Dyer P.O. Box 10 City Yorkville State CA Zip Code 95494 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: 32230381</b> Date of Disbursement 03 / 23 / 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 Geraldine Merrill House County Road 830 City Trinidad State CO Zip Code 81082 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: 32230382</b> Date of Disbursement 03 / 28 / 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 Ora Gelberg 170 Park Row, Apt. 8C City New York State NY Zip Code 10038 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: 32230383</b> Date of Disbursement 03 / 23 / 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)

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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 Lois Wolf 239 Central Park W. #10C 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:</b> 32230384 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 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. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Mary Thomas P.O. Box 598 City Quincy State FL Zip Code 32353 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> 32230385 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 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 Amy Bouska P.O. Box 515 City Cresco State IA Zip Code 52136 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> 32230386 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

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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. Hillary Clinton Contributions</b>		Transaction ID: 32230387 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Sandi Cooper College Of Staten IS		Amount of Each Disbursement this Period 50.00
City Staten Island State NY Zip Code 10314	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. Hillary Clinton Contributions</b>		Transaction ID: 32230388 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Carol Thomas 9917 Queen Circle		Amount of Each Disbursement this Period 50.00
City Bloomington State MN Zip Code 55431	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. Hillary Clinton Contributions</b>		Transaction ID: 32230389 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Elaine Chapline-Burns 99 Scenic Lake Drive		Amount of Each Disbursement this Period 100.00
City Riverhead State NY Zip Code 11901	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)

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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 Polly Smith 307 East 12th Street City New York City 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: 32230393</b> Date of Disbursement 03 / 07 / 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 Joan Bedinghaus 3061 N Marietta Ave City Milwaukee 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230394</b> Date of Disbursement 03 / 16 / 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 Barbara Rock 320 Beach St. City Mt. Morris State MI Zip Code 48458 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: 32230395</b> Date of Disbursement 03 / 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)

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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 Helen Waterbury 3057 S. Higuera, # 181 City San Luis Obispo State CA Zip Code 93401 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: 32230396</b> Date of Disbursement 03 / 05 / 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 Edgar Smith P.O. Box 989 City Morro Bay State CA Zip Code 93443 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: 32230397</b> Date of Disbursement 03 / 13 / 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 Donna Favour 9523 Fallbrook Drive City Dallas State TX Zip Code 75243 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: 32230398</b> Date of Disbursement 03 / 20 / 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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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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> 32230399 <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>0</td><td>3</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	0	3		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	6		2	0	0	7													
<p>Mailing Address Margaret Skipper 951 W. Orange Grove # 58101</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 Tucson State AZ Zip Code 85704</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> 32230400 <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>0</td><td>3</td><td></td><td>2</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	0	3		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	8		2	0	0	7													
<p>Mailing Address Cynthia McCaughan 3050 Military Drive NW</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 Washington State DC Zip Code 20009</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> 32230401 <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>0</td><td>3</td><td></td><td>1</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	0	3		1	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	4		2	0	0	7													
<p>Mailing Address Sally Hellring 95 Harding 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 South Orange State NJ Zip Code 07079</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)

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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 Alyce Ritti 170 Cherrywood Way City Port Matilda State PA Zip Code 16870 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> 32230402 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 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 Phyllis Rosen PMB 224 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> 32230403 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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 Mary Turner 945 Lawton Street City San Francisco State CA Zip Code 94122 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> 32230404 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

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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 Patti Frounfelter 125 N. Pansy St City Ishpeming State MI Zip Code 49849 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: 32230405</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 20.00 <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 Carmen Williams 305 Centre St. City Haddonfield State NJ Zip Code 08033 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: 32230406</b> Date of Disbursement 03 / 13 / 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 Edgar Chase 9406 Michael Drive City Clinton State MD Zip Code 20735 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: 32230407</b> Date of Disbursement 03 / 21 / 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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Judith Sprei 9401 Copenhaver Drive City Potomac State MD Zip Code 20854 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> 32230408 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 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 Betty Carol Smith 1699 Fallen Leaf lane City Lincoln State CA Zip Code 95648 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> 32230409 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7 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 Cynthia Jimenez 932 Franklin Street 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> 32230410 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 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

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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> 32230411 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address Sandra Adickes 93 Renaissance Lane		Amount of Each Disbursement this Period 50.00
City New Brunswick State NJ Zip Code 08901	[MEMO ITEM] MEMO	
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> 32230412 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Mary Mostaghim 304 Pineridge Street		Amount of Each Disbursement this Period 50.00
City Ann Arbor State MI Zip Code 48103	[MEMO ITEM] MEMO	
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> 32230413 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Simone Joyaux 10 Johnson Road		Amount of Each Disbursement this Period 250.00
City Foster State RI Zip Code 02825	[MEMO ITEM] MEMO	
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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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		<b>Transaction ID:</b> 32230414 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address: Barbara Mackoy 928 Simon Drive		Amount of Each Disbursement this Period 50.00
City: Cedar Hill State: TX Zip Code: 75104	[MEMO ITEM] MEMO	
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> 32230415 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address: Katherine Sluka 925 23rd Street		Amount of Each Disbursement this Period 250.00
City: Cody State: WY Zip Code: 82414	[MEMO ITEM] MEMO	
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> 32230416 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address: Chris Downing 11 Discovery Way		Amount of Each Disbursement this Period 100.00
City: Eastsound State: WA Zip Code: 98245	[MEMO ITEM] MEMO	
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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton Contributions</b>		Transaction ID: 32230417 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address Judy Augustino 924 Brown Ave		Amount of Each Disbursement this Period 100.00
City Westfield State NJ Zip Code 07090	[MEMO ITEM] MEMO	
Purpose of 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: 32230418 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address Caroline DeOlden 16825 SW Chinook Drive		Amount of Each Disbursement this Period 25.00
City Crooked River Ranc State OR Zip Code 97760	[MEMO ITEM] MEMO	
Purpose of 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: 32230419 Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address Marjorie Vanek 10241 York Road		Amount of Each Disbursement this Period 100.00
City N. Royalton State OH Zip Code 44133	[MEMO ITEM] MEMO	
Purpose of Disbursement Candidate Contrib Earmarked		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)

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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: Genevieve Clarke 301 Fairway Village City: Leeds State: MA Zip Code: 01053 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230420 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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: Polly Spaulding 92 Heath Lane City: New London State: NH Zip Code: 03257 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230421 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7 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: Anne Schmalz 92 Beacon St City: Boston State: MA Zip Code: 02122 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230422 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Carlene Lutz 125 Acacia Circle City Indianhead Pk State IL Zip Code 60525 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: 32230423</b> Date of Disbursement 03 / 13 / 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 Louise Richardson 1674 W Bullard Ave City Fresno State CA Zip Code 93711 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: 32230424</b> Date of Disbursement 03 / 14 / 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 Roger Ernst 9176 Highland Ridge Way City Tampa State FL Zip Code 33647 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: 32230425</b> Date of Disbursement 03 / 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)

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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 Frances Hanners 3007 Plymouth Drive 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 32230426 Date of Disbursement 03 / 19 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>B. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Marielle Tsukamoto 9132 Doc Bar Street City Elk Grove State CA Zip Code 95624 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: 32230427 Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO
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<b>C. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Wendy Jackson 16708 SE 29th St City Bellevue State WA Zip Code 98008 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: 32230428 Date of Disbursement 03 / 09 / 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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Hillary Clinton Contributions</b> Full Name (Last, First, Middle Initial) Hillary Clinton Contributions Mailing Address Ara Tyler 91 Mary Catherine Drive City Lancaster State MA Zip Code 01523 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> 32230429 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 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 Rae Swarte 3000 Island Boulevard City Williams Island State FL Zip Code 33160 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> 32230430 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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 Ann Cerney 900 W. Vine Street City Lodi State CA Zip Code 95240 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> 32230431 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 5.00 <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)

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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> 32230432 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Rachel Waggoner 900 Universtiy Street, # B-W		Amount of Each Disbursement this Period 50.00
City Seattle State WA Zip Code 98101	[MEMO ITEM] MEMO	
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> 32230433 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Eva Israel 12425 Nedra Drive		Amount of Each Disbursement this Period 25.00
City Granada Hills State CA Zip Code 91344	[MEMO ITEM] MEMO	
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> 32230434 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address Atherlie Gidding 900 Hollinshead Spring Road		Amount of Each Disbursement this Period 100.00
City Skillman State NJ Zip Code 08558	[MEMO ITEM] MEMO	
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)

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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 Lucille Lussenden 16413 Alpine Drive City Livonia State MI Zip Code 48154 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: 32230435</b> Date of Disbursement 03 / 13 / 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 Glaude PO Box 3204 City Hayward State CA Zip Code 94540 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: 32230436</b> Date of Disbursement 03 / 29 / 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 Velma Coolidge 9 Durango Way City Hot Springs State AR Zip Code 71909 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: 32230437</b> Date of Disbursement 03 / 22 / 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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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> 32230438 <b>Date of Disbursement</b> 03 / 16 / 2007</p>
<p>Mailing Address Elizabeth McClure 8927 Hemlock Street</p>		<p>Amount of Each Disbursement this Period 15.00</p>
<p>City Rancho Cucamonga State CA Zip Code 91730</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.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 32230439 <b>Date of Disbursement</b> 03 / 19 / 2007</p>
<p>Mailing Address Steve Hegeman PO Box 367</p>		<p>Amount of Each Disbursement this Period 250.00</p>
<p>City Bonita Springs State FL Zip Code 34133</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.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 32230440 <b>Date of Disbursement</b> 03 / 13 / 2007</p>
<p>Mailing Address Judith Barry 8909 12TH Ave NE</p>		<p>Amount of Each Disbursement this Period 100.00</p>
<p>City Seattle State WA Zip Code 98115</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>		

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Hillary Clinton Contributions</b>		Transaction ID: 32230441 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Eleanora Dalton 3-3400 Kuhio Hwy Apt. A303		Amount of Each Disbursement this Period 100.00
City Lihue State HI Zip Code 96766	[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: 32230442 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Abraham Spector 89 Hemlock Drive		Amount of Each Disbursement this Period 12.00
City Farmingdale State NY Zip Code 11735	[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: 32230443 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Kathy Seaton PO Box 426		Amount of Each Disbursement this Period 50.00
City Big Oak Flat State CA Zip Code 95305	[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)

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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. Hillary Clinton Contributions</b>		Transaction ID: 32230444 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Susan Kwolek 8816 Fernwood Path		Amount of Each Disbursement this Period 100.00
City Washington State MI Zip Code 48094	[MEMO ITEM] MEMO	
Purpose of 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: 32230445 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Ann Gawler 3 Sheridan Court		Amount of Each Disbursement this Period 50.00
City Clifton Park State NY Zip Code 12065	[MEMO ITEM] MEMO	
Purpose of 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: 32230446 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Susan Philipson Bloom 3 McDonald Place		Amount of Each Disbursement this Period 100.00
City Scarsdale State NY Zip Code 10583	[MEMO ITEM] MEMO	
Purpose of 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)

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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 Pamela Allison 100 Horseshoe Trail City Barnardsville State NC Zip Code 28709 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: 32230447</b> Date of Disbursement 03 / 15 / 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 Lori Kassoff 8786 Endless Ocean Way City Columbia State MD Zip Code 21045 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: 32230448</b> Date of Disbursement 03 / 30 / 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 Beverly Blum 3 Ivy Pl 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: 32230449</b> Date of Disbursement 03 / 23 / 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)

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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) Mailing Address Janet Krack 8774 Laurel Drive City Erie State PA Zip Code 16509 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: 32230450</b> Date of Disbursement 03 / 14 / 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 Deborah Meitin 877 Victoria Terrace 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230451</b> Date of Disbursement 03 / 30 / 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) Mailing Address Elizabeth Mullady 3300 Juniper Way 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230452</b> Date of Disbursement 03 / 14 / 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)

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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 Idell Weydemeyer 877 N Rancho Road City El Sobrante State CA Zip Code 94803 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: 32230453</b> Date of Disbursement 03 / 26 / 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 Deborah Friend 3 Crystal Lane City Newton State NH Zip Code 03858 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: 32230454</b> Date of Disbursement 03 / 17 / 2007 Amount of Each Disbursement this Period 5.00 <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 Lorin Spencer 1613 Sawgrass Drive City Upland State CA Zip Code 91784 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: 32230455</b> Date of Disbursement 03 / 28 / 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 each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<p><b>A. Hillary Clinton Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p>		<p><b>Transaction ID:</b> 32230456 <b>Date of Disbursement</b> 03 / 20 / 2007</p>
<p>Mailing Address Nancy Hursh Bagley 1235 8th Avenue West</p>		<p>Amount of Each Disbursement this Period 200.00</p>
<p>City Seattle State WA Zip Code 98119</p>	<p>[MEMO ITEM] MEMO</p>	
<p>Purpose of Disbursement Candidate Contrib Earmarked Candidate Name</p>		<p>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) ▼</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> 32230457 <b>Date of Disbursement</b> 03 / 14 / 2007</p>
<p>Mailing Address Floyd Judd 8697N TalladegaWay</p>		<p>Amount of Each Disbursement this Period 50.00</p>
<p>City Fresno State CA Zip Code 93720</p>	<p>[MEMO ITEM] MEMO</p>	
<p>Purpose of Disbursement Candidate Contrib Earmarked Candidate Name</p>		<p>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) ▼</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> 32230458 <b>Date of Disbursement</b> 03 / 29 / 2007</p>
<p>Mailing Address Laura Scott 866 Wharfside Rd.</p>		<p>Amount of Each Disbursement this Period 500.00</p>
<p>City San Mateo State CA Zip Code 94404</p>	<p>[MEMO ITEM] MEMO</p>	
<p>Purpose of Disbursement Candidate Contrib Earmarked Candidate Name</p>		<p>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) ▼</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)

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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 Sally Parker 8614 Meadowsweet Ct. City Columbia State MD Zip Code 21045 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> 32230459 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7 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 Sue Riseling 2974 Roidt Road City Stoughton State WI Zip Code 53589 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> 32230460 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 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 Enid Klauber 17857 Arbor Greene DR City Tampa State FL Zip Code 33647 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> 32230461 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 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)

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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.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address David Daniel 16120 Rancho Del Lago</p> <p>City State Zip Code moreno valley CA 92551</p> <p>Purpose of 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> 32230462 <b>Date of Disbursement</b> 03 / 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>B.</b> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Daniela Ettlinger 851 Marina Drive</p> <p>City State Zip Code Weston FL 33327</p> <p>Purpose of 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> 32230463 <b>Date of Disbursement</b> 03 / 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> Hillary Clinton Contributions</p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton Contributions</p> <p>Mailing Address Ann Sisson 8415 Bellona Lane, Apt. 607</p> <p>City State Zip Code Towson MD 21204</p> <p>Purpose of 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> 32230464 <b>Date of Disbursement</b> 03 / 16 / 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>	<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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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> 32230465</p> <p><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>0</td><td>3</td><td></td><td>1</td><td>3</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	0	3		1	3		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	3		2	0	7														
<p>Mailing Address Karen Wieder 1612 Crown Point 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 Norman State OK Zip Code 73072</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> 32230466</p> <p><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>0</td><td>3</td><td></td><td>1</td><td>6</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	0	3		1	6		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	6		2	0	7														
<p>Mailing Address Gina Danner 8300 NE Underground Drive</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 Kansas City State MO Zip Code 64161</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> 32230467</p> <p><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>0</td><td>3</td><td></td><td>1</td><td>6</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	0	3		1	6		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	6		2	0	7														
<p>Mailing Address Martha Phillips 829 NE 103rd 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 Seattle State WA Zip Code 98125</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 998 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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: 32230468 Date of Disbursement 03 / 15 / 2007
Mailing Address Kay Larrieu 8230 Macbeth Street		Amount of Each Disbursement this Period 50.00
City Manassas State VA Zip Code 20110	[MEMO ITEM] MEMO	
Purpose of 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: 32230469 Date of Disbursement 03 / 21 / 2007
Mailing Address Gloria Fulcher 2925 Roanoke Court		Amount of Each Disbursement this Period 25.00
City Bakersfield State CA Zip Code 93306	[MEMO ITEM] MEMO	
Purpose of 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: 32230470 Date of Disbursement 03 / 16 / 2007
Mailing Address Deborah Wright 815 Doud Street		Amount of Each Disbursement this Period 50.00
City Monterey State CA Zip Code 93940	[MEMO ITEM] MEMO	
Purpose of 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)

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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: Herman Payne 813 W Trof Street City: Advance State: MO Zip Code: 63730 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230471</b> Date of Disbursement 03 / 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: 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: 32230472</b> Date of Disbursement 03 / 14 / 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: Mary Halloran 813 Pleasant Hill Road City: Wallingford State: PA Zip Code: 19086 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230473</b> Date of Disbursement 03 / 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 1000 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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 Evelyn Hess 2916 Grandin</p> <p>City Cincinnati State OH Zip Code 45208</p> <p>Purpose of 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: 32230474</p> <p>Date of Disbursement 03 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</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 Joy Warren 109 N. Post Oak Lane</p> <p>City Houston State TX Zip Code 77024</p> <p>Purpose of 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: 32230475</p> <p>Date of Disbursement 03 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</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 Jennifer Allred 3310 Oakwood Street</p> <p>City Salt Lake City State UT Zip Code 84109</p> <p>Purpose of 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: 32230476</p> <p>Date of Disbursement 03 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 10.00</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)

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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> 32230477 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address: Barbara Thibodo 160 White Hollow Road		Amount of Each Disbursement this Period 100.00
City: Sharon State: CT Zip Code: 06069	[MEMO ITEM] MEMO	
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> 32230478 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address: Esther Levine 123 Via Bellagio		Amount of Each Disbursement this Period 50.00
City: American Cyn State: CA Zip Code: 94503	[MEMO ITEM] MEMO	
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> 32230479 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address: Hilma Unterberger 80 C Seminary Ave.		Amount of Each Disbursement this Period 100.00
City: Auburndale State: MA Zip Code: 02466	[MEMO ITEM] MEMO	
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)

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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> 32230480 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Sybil Eisenberg Two Franklin Town Bloch		Amount of Each Disbursement this Period 100.00
City Philadelphia State PA Zip Code 19103	[MEMO ITEM] MEMO	
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> 32230481 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address Alice Wallace 80 Borica Street		Amount of Each Disbursement this Period 50.00
City San Francisco State CA Zip Code 94127	[MEMO ITEM] MEMO	
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> 32230482 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Clara Bleak 10218 Berkshire Road		Amount of Each Disbursement this Period 50.00
City Bloomington State MN Zip Code 55437	[MEMO ITEM] MEMO	
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)

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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 William Thornton 8 Windsor Place City Mebane State NC Zip Code 27302 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: 32230483</b> Date of Disbursement 03 / 13 / 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 Patricia Shanley 123 Cromwell Hill Road City Monroe State NY Zip Code 10950 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: 32230484</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 30.00 <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 Robert French 16 Rockholm Road City Gloucester State MA Zip Code 01930 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: 32230485</b> Date of Disbursement 03 / 16 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Viola Ferris 8 Cedar Drive South City: Old Bethpage State: NY Zip Code: 11804 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230486 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Dolores Crane 16 New York Avenue City: Stony Brook State: NY Zip Code: 11790 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230487 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 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: Nancy Regnier 8 Baylor Drive City: Longmont State: CO Zip Code: 80503 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230488 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Patricia Shanley 123 Cromwell Hill Road City: Monroe State: NY Zip Code: 10950 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230489 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 15.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Robert Pancner 7936 Redondo Court City: Darien State: IL Zip Code: 60561 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230490 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Dianne Engleke 283 Silver Mt. Road City: Millerton State: NY Zip Code: 12546 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230491 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Barbara Fitzpatrick 7901 Seminole Blvd. City: Seminole State: FL Zip Code: 33772 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230492 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 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: Rosalie Green 109 Kent Drive City: Manassas State: VA Zip Code: 20111 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230493 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary McCully 282 Woodlawn Terrace City: Bamberg State: SC Zip Code: 29003 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230494 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Ina Ayliffe 15905 Bent Tree Forest Cr. City Dallas State TX Zip Code 75248 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> 32230495 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Anita Strauss 7887 Revelle Drive City La Jolla State CA Zip Code 92037 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230496 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 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 Dorothy Weinstein 2818 N 46 Avenue 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> 32230497 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 9 / 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 1008 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Patricia Shanks 783 Contra Costa Avenue City: Berkeley State: CA Zip Code: 94707 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230498 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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: Mary Beth Norton 159 Remington Road 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:</b> 32230499 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: J. Sisson 123 Brankenridge Ave City: San Antonio State: TX Zip Code: 78209 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230500 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 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 1009 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32230501</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>
<p>Mailing Address Carol Wadsworth 102 W 85th Street</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>
<p>City New York State NY Zip Code 10024</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 <input type="checkbox"/> Other (specify) ▼</p>	<p><b>[MEMO ITEM]</b> MEMO</p>

<p><b>B. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32230502</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>
<p>Mailing Address Miriam Greenblatt 2754 Roslyn Lane</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>
<p>City Highland Park State IL Zip Code 60035</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 <input type="checkbox"/> Other (specify) ▼</p>	<p><b>[MEMO ITEM]</b> MEMO</p>

<p><b>C. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 32230503</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="07"/></p>
<p>Mailing Address Barbara Flores 77741 Cove Pointe Circle</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p>City Indian Wells State CA Zip Code 92210</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 <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 1010 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: <b>Peggy Larvey</b> 776 Purdue Court City: <b>Santa Clara</b> State: <b>CA</b> Zip Code: <b>95051</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: 32230504</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period _____ 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: <b>Walter Limbach</b> 123 Beechmont Road City: <b>Pittsburgh</b> State: <b>PA</b> Zip Code: <b>15206</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: 32230505</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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: <b>Jane Gregozek</b> 766 Privet Ct City: <b>Sunnyvale</b> State: <b>CA</b> Zip Code: <b>94086</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: 32230506</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 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) ..... ▶	_____ <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 1011 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Linda Frank 157 W Shore Road City: New Preston State: CT Zip Code: 06777 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230507 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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: Pauline Mann 2716 N. Penn City: Roswell State: NM Zip Code: 88201 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230508 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Priscilla Fairbank 752 Oak Hill Rd City: Averill Park State: NY Zip Code: 12018 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230509 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 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) ..... ▶	_____ <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 1012 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Ellen Miller 752 County Highway 7 City: Otego State: NY Zip Code: 13825 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230510 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Besore 2705 Stampede Court City: Rocklin State: CA Zip Code: 95765 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230511 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Nancy Weiss 75 Richare Eger Drive City: Holyoke State: MA Zip Code: 01040 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230512 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 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 1013 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Elaine Blodgett 1567 E. Jefferson Way City Simi Valley State CA Zip Code 93065 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> 32230513 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 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 Gulli Myer 7484 Foxview Drive City Warrenton State VA Zip Code 20186 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> 32230514 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Patrick Crowley 7470 Woolston Road City Bloomfield State NY Zip Code 14469 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> 32230515 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 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)

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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. Kirsten Gillibrand 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:</b> 32230516 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Lynn Miller 7401 Keisler Way City: Louisville State: KY Zip Code: 40222 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230517 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period _____ 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Ilene Jagatramcharran 15500 SE 80th Avenue City: Summerfield State: FL Zip Code: 34491 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230518 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Susan Segal 74 Locust Lane City: Eatons Neck State: NY Zip Code: 11768 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230519 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 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: Jennifer Manning 7363 Swan Point Way City: Columbia State: MD Zip Code: 21045 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230520 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period _____ 30.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Marjorie Saulson 26662 Scenic Hwy City: Franklin State: MI Zip Code: 48025 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230521 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 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) ..... ▶	_____ <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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Mary Braunagel-Brown 7321 Roaring Springs Dr. City: Austin State: TX Zip Code: 78736 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230522 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 7 Amount of Each Disbursement this Period 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jeffrey Miller 7315 Wood Stream Drive City: Indianapolis State: IN Zip Code: 46254 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230523 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Blaikie Worth 1220 Park Avenue City: New York State: NY Zip Code: 10128 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230524 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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)

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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. Kirsten Gillibrand Contributions</b>		Transaction ID: 32230525 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address Katherine Verdery 730 Ft Washington Av 5B		Amount of Each Disbursement this Period 100.00
City New York State NY Zip Code 10040	[MEMO ITEM] MEMO	
Purpose of 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. Kirsten Gillibrand Contributions</b>		Transaction ID: 32230526 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address Christine Henry 729 Mill St.		Amount of Each Disbursement this Period 50.00
City Moorestown State NJ Zip Code 08057	[MEMO ITEM] MEMO	
Purpose of 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. Kirsten Gillibrand Contributions</b>		Transaction ID: 32230527 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address Christine Coffin 265 Hilltop Drive		Amount of Each Disbursement this Period 50.00
City Hamilton State MT Zip Code 59840	[MEMO ITEM] MEMO	
Purpose of 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

<b>A. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Joseph Najpaver 154 Lombard, # 46 City: San Francisco State: CA Zip Code: 94111 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230528 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 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: Selene Levine 720 Milton Road City: Rye State: NY Zip Code: 10580 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230529 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 18.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Indermill 26340 Ivrea PI City: Valencia State: CA Zip Code: 91355 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230530 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Jacqueline Goldberg</b> 718 Ridge Avenue City <b>Evanston</b> State <b>IL</b> Zip Code <b>60202</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: 32230531</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 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 <b>Emma Rosow</b> 122 Green Way City <b>Wayland</b> State <b>MA</b> Zip Code <b>01778</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: 32230532</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Carole Goldberg</b> 715 South Brooksvale Road City <b>Cheshire</b> State <b>CT</b> Zip Code <b>06410</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: 32230533</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 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 1020 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Barbara Herzberg 713 N. Palm Drive City: Beverly Hills State: CA Zip Code: 90210 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230534 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Patrick Barbush 2611 Taft Court 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230535 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Rudolph Hurwich 2608 Ninth Street City: Berkeley State: CA Zip Code: 94710 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230536 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 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 1021 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Carol Starmack 71 Leonard Street # 5N City New York State NY Zip Code 10013 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: 32230537</b> Date of Disbursement 03 / 29 / 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 Brenda Potter 703 North Elm 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: 32230538</b> Date of Disbursement 03 / 26 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Robert Leonard 2608 Cascade Dr City Austin State TX Zip Code 78757 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: 32230539</b> Date of Disbursement 03 / 16 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Virgil Vickers 70 Windermere Road 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:</b> 32230540 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 175.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Janet Sullivan 260 W. End Avenue 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:</b> 32230541 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Quarrier Cook 1085 Camino Manana City: Santa Fe State: NM Zip Code: 87501 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230542 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 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:  
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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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Gillibrand Contributions</p> <p>Mailing Address Jacqueline Bergen 70 W. Burton Place</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 32230543 <b>Date of Disbursement</b> 03 / 16 / 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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Gillibrand Contributions</p> <p>Mailing Address Carmela Cipriano 260 65th Street, Apt. 11P</p> <p>City Brooklyn State NY Zip Code 11220</p> <p>Purpose of 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> 32230544 <b>Date of Disbursement</b> 03 / 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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Gillibrand Contributions</p> <p>Mailing Address Melinda Hardin 7 Wharf 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 32230545 <b>Date of Disbursement</b> 03 / 16 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Effie Westervelt 26 Southridge East City: Tiburon State: CA Zip Code: 94920 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230546 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jo Byler 1523 E. Woodland Drive City: Dalton Gardens State: ID Zip Code: 83815 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230547 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 8.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Chris Grossman 7 Nott Road City: Rexford State: NY Zip Code: 12148 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230548 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 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

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: J Sheppard Poor 7 Azalea Lane City: Rumson State: NJ Zip Code: 07760 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230549 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 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: Eleanor Eisenberg 6961 184th Street City: Flushing State: NY Zip Code: 11365 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230550 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Raymond Fields 6944 Viale Elizabeth City: Delray Beach State: FL Zip Code: 33446 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230551 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 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

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Celia Sorkin 6910 108 Street City: Forest Hills State: NY Zip Code: 11375 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230552 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 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: Robert Tartell 690 Hawthorne Street City: West Hempstead State: NY Zip Code: 11552 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230553 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period _____ 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Edward Hutton 255 E. 5th Street, Fl 26 City: Cincinnati State: OH Zip Code: 45202 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230554 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 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

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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Charles Christensen 69 High Road City Newbury State MA Zip Code 01951 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: 32230555</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Doe Mayer 2545 Verbena Drive City Hollywood State CA Zip Code 90068 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: 32230556</b> Date of Disbursement 03 / 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 Alan Solinger 6895 Elverton Drive 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230557</b> Date of Disbursement 03 / 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

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Masao Yafuso 25312 Cheyenne 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230558</b> Date of Disbursement 03 / 07 / 2007 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Joan Barram 1515 Redwood Drive 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230559</b> Date of Disbursement 03 / 29 / 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 Emilie Simpson 675 Harding Place City Nashville State TN Zip Code 37211 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: 32230560</b> Date of Disbursement 03 / 13 / 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

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FOR LINE NUMBER:  
(check only one)

PAGE 1029 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Pamela De Haven Wood 252 W 76th Street City New York State NY Zip Code 10023 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230561</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 75.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nancy Sippel 1515 Brooklyn Avenue City Ann Arbor State MI Zip Code 48104 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: 32230562</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Robert Holdenvenzon 6722 Mewall Drive City San Diego State CA Zip Code 92119 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: 32230563</b> Date of Disbursement 03 / 13 / 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

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FOR LINE NUMBER:  
(check only one)

PAGE 1030 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Marlene Sanders Toobin 670 West End Avenue City: New York State: NY Zip Code: 10025 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230564 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 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: Edward Pillar 668 Rochdale Circle City: Lombard State: IL Zip Code: 60148 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230565 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 30.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Kathleen Turley 1075 Broadway City: Pleasantville State: NY Zip Code: 10570 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230566 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Susan Schwarz 249 Martling Ave City: Tarrytown State: NY Zip Code: 10514 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230567 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Phyllis Cohen 6619 Mercer Street City: Houston State: TX Zip Code: 77005 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230568 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Robert Packer 6601 Tennyson Street 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> 32230569 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 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)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Tina Martin 6601 Old Stage Road City N. Bethesda State MD Zip Code 20852 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230570</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nancy Papa 121 Stacia Street City Los Gatos State CA Zip Code 95030 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: 32230571</b> Date of Disbursement 03 / 28 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Susan Addeleston 66 Merion Lane City Jackson State NJ Zip Code 08527 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: 32230572</b> Date of Disbursement 03 / 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)

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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. Kirsten Gillibrand Contributions</b>		Transaction ID: 32230573 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Anne Waller 247 Stannard Hill Road		Amount of Each Disbursement this Period 100.00
City Cherry Valley State NY Zip Code 13320	[MEMO ITEM] MEMO	
Purpose of 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. Kirsten Gillibrand Contributions</b>		Transaction ID: 32230574 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Elizabeth Sherman 245 E. 93rd Street, Apt. 18B		Amount of Each Disbursement this Period 250.00
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kirsten Gillibrand Contributions</b>		Transaction ID: 32230575 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address Susan Collier 7330 Selden Roa		Amount of Each Disbursement this Period 20.00
City Le Roy State NY Zip Code 14482	[MEMO ITEM] MEMO	
Purpose of 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

<b>A. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Robert Bisson 735 County Route 25 City Stuyvesant State NY Zip Code 12173 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: 32230576</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 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 Angela Elliston 656 Sunset Lane City East Lansing State MI Zip Code 48823 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: 32230577</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Virginia Huschke 655 India Street, # 403 City San Diego State CA Zip Code 92101 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230578</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Faline Fisher 652 Quarry Ln City Richmond Hts State OH Zip Code 44143 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230579</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Barry Klonsky 24482 Moonfire Drive City Dana Point State CA Zip Code 92629 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230580</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Karen Griffin 652 Quarry Lane City Richmond Heights State OH Zip Code 44143 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230581</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Margaret Poyatt 651 Vanderbilt Street City Brooklyn State NY Zip Code 11218 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230582</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Deborah Forczek 1507 Belle Haven Rd 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: 32230583</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Betty Wrigley 1070 W. Jefferson Street City Franklin State IN Zip Code 46131 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230584</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Caroline Garcia</b> 244 Madison Avenue City <b>New York</b> State <b>NY</b> Zip Code <b>10016</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: 32230585</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 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 <b>Lieselotte Betterman</b> 1506 Willow Lane City <b>Mt. Prospect</b> State <b>IL</b> Zip Code <b>60056</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: 32230586</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 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 <b>Alice Katzung</b> 65 Knoll Road City <b>San Rafael</b> State <b>CA</b> Zip Code <b>94901</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: 32230587</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Michael O'Connor 649 E. 14th Street, Apt. 2C 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230588</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230589</b> Date of Disbursement 03 / 22 / 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 Andy Starr 6489 Sahrles Road City Dansville State NY Zip Code 14437 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: 32230590</b> Date of Disbursement 03 / 21 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Miriam Schulman 645 Tuallitan Road City: Los Angeles State: CA Zip Code: 90049 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230591 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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: Joan Anderson 2427 Kessler Blvd. City: Lincoln State: NE Zip Code: 68502 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230592 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 75.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Karen Nelson 2417 Ken Oak Road City: Baltimore State: MD Zip Code: 21209 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230593 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Margaret Bisberg 1506 S. Courtland Avenue City Park Ridge State IL Zip Code 60068 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: 32230594</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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 Betty Prashker 241 Central Park West 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: 32230595</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7 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 Eva Shaye 2405 Briarcrest Road 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: 32230596</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Barbara Bainum 6415 Shadow Road City: Chevy Chase State: MD Zip Code: 20815 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230597 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Steve Roehm 12 Windsor Place 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230598 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Elizabeth Pennink 635 Medford Leas City: Medford State: NJ Zip Code: 08055 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230599 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jerry Ellis 6336 Cotton Drive SE City Olympia State WA Zip Code 98513 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> 32230600 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 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 Kathleen Smith 6324 Morrowfield 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:</b> 32230601 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Molly Turlish 1070 Beacon Street #5C City Brookline State MA Zip Code 02446 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> 32230602 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Marcia Baum 1011 Ridge Court 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230603 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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: Susan Gregory 10 Depot Hill Road City: Amenia State: NY Zip Code: 12501 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230604 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Karen Nibbelink Lundy 6306 35th Street N. 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230605 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 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 1044 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Hannah Donigan 630 W Commerce Road City: Commerce State: MI Zip Code: 48382 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230606 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Audrey Moore 24 Liberty Street City: Fords State: NJ Zip Code: 08863 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230607 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Lucille Behrens 63 South Lilburn Drive City: Garnerville State: NY Zip Code: 10923 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230608 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 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 1045 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Linda Levine 6296 Fleecydale Rd City Carversville State PA Zip Code 18913 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230609 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 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 Lois Wolf 239 Central Park W. #10C 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:</b> 32230610 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Amy Lowrey 1502 Newning Avenue City Austin State TX Zip Code 78704 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230611 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7 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: Eileen Siedman 12 Lomita 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____		<b>Transaction ID:</b> 32230612 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Lois Sturm 628 East 14th Street #6 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____		<b>Transaction ID:</b> 32230613 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Diane Grunes 237 Trevethan Avenue City: Santa Cruz State: CA Zip Code: 95062 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> 32230614 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 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 1047 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address James Kline 1500 Sheridan Road</p> <p>City Wilmette State IL Zip Code 60091</p> <p>Purpose of 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: 32230615</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="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>B. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address William Hackett 6203 Bellwood Street</p> <p>City San Antonio State TX Zip Code 78249</p> <p>Purpose of 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: 32230616</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="10.10"/></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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Evelyn Feintech 10106 Emphyrean Way #102</p> <p>City Los Angeles State CA Zip Code 90067</p> <p>Purpose of 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: 32230617</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <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="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>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 1048 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Virginia McIntosh 616 West Cliveden Street City: Philadelphia State: PA Zip Code: 19119 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230618 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 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: Odessa Morris 237 16th Street SE City: Washington State: DC Zip Code: 20003 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230619 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 15.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Terry Maul 6155 Bluffwood Drive City: Riverside State: CA Zip Code: 92506 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230620 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Frances Pepper 233 Oliver Road City Cincinnati State OH Zip Code 45215 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32230621</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 7 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 Mary Breitlow 607 Ventura Street City Richmond State CA Zip Code 94805 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230622</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 150.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Frances Pepper 233 Oliver Road City Cincinnati State OH Zip Code 45215 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32230623</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Georgia Phelps Steiger 604 Fountainhead City Sebring State FL Zip Code 33870 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> 32230624 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Shirley Davis 6021 E Avenida Arriba 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> 32230625 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Louise Gilmore 60 Cooper Street, # 1G City New York State NY Zip Code 10034 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> 32230626 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Laura Murra 2325 Oak Street City: Berkeley State: CA Zip Code: 94708 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230627 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7 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: Eva Jane Coombe 6 Corbin Drive City: Cincinnati State: OH Zip Code: 45208 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230628 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 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: Arthur Coutu 1473 Duckworth Street City: Morganton State: NC Zip Code: 28655 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230629 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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) ..... ▶	_____ <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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Maudena Byrne 1181 E. 1st Avenue, Apt. 1803 City: Broomfield State: CO Zip Code: 80020 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230630 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Kathryn Fishman 2316 Clover Lane 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:</b> 32230631 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Marie Kingdon 1062 Carter's Grove City: Indianapolis State: IN Zip Code: 46260 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230632 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Martha Mehta</b> 2315 Medford Road City <b>Ann Arbor</b> State <b>MI</b> Zip Code <b>48104</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: 32230633</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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 <b>Carol Durham</b> 5719 Bell Tower Lane City <b>Fort Wayne</b> State <b>IN</b> Zip Code <b>46815</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: 32230634</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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 <b>Gary Striker</b> 570 NE 57th Street City <b>Miami</b> State <b>FL</b> Zip Code <b>33137</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: 32230635</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Susan Fischer 563 Orchid Lane City Del Mar State CA Zip Code 92014 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: 32230636</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Hannah Banks 790 Boylston Street City Boston State MA Zip Code 02199 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: 32230637</b> Date of Disbursement 03 / 06 / 2007 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Joan Rogin 5627 Olinda Road City El Sobrante State CA Zip Code 94803 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: 32230638</b> Date of Disbursement 03 / 16 / 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 1055 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Linda Keetch 146 Paddock Avenue City Pismo Beach State CA Zip Code 93449 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: 32230639</b> Date of Disbursement 03 / 14 / 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 Sheryl Rhodes 56 Sycamore Ridge City Honeoye Falls State NY Zip Code 14472 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: 32230640</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Philip Krevitsky 56 Roger Drive City Port Washington State NY Zip Code 11050 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: 32230641</b> Date of Disbursement 03 / 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) ..... ▶	[ ]

# 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nancy Adams 14518 Shaker Blvd. City Shaker Heights State OH Zip Code 44120 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: 32230642</b> Date of Disbursement 03 / 16 / 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 Byron Bray 56 Alma Street City San Francisco State CA Zip Code 94117 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: 32230643</b> Date of Disbursement 03 / 21 / 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 Diane King 5568 Louis Avenue City Brewweton State NY Zip Code 13029 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: 32230644</b> Date of Disbursement 03 / 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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Bonnie Clendenning 23 Blake Street City: Newton State: MA Zip Code: 02460 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230645 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Susan Brauneiss 555 North Bristol Avenue City: Los Angeles State: CA Zip Code: 90049 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230646 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Dolores Kaufmann 5533 Tiger Road City: Edwardsville State: IL Zip Code: 62025 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230647 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Kathy Jarrett 5511 Golden Gate Avenue City: Oakland State: CA Zip Code: 94618 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230648</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Neil Woodruff 22802 Oatlands Grove Place City: Ashburn State: VA Zip Code: 20148 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230649</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2007 Amount of Each Disbursement this Period 5.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Martha Mountain 1444 Church Street NW #401 City: Washington State: DC Zip Code: 20005 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230650</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 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 1059 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 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: 32230651</b> Date of Disbursement 03 / 16 / 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 Ruth Wright 1440 High Street City Boulder State CO Zip Code 80304 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230652</b> Date of Disbursement 03 / 15 / 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 Bonnie O'Leary 2243 S. Kingston Court City Aurora State CO Zip Code 80014 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: 32230653</b> Date of Disbursement 03 / 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 1060 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Gillibrand Contributions</p> <p>Mailing Address Dorothea Petersen 10 Wellington Way</p> <p>City Niskayuna State NY Zip Code 12309</p> <p>Purpose of 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> 32230654 <b>Date of Disbursement</b> 03 / 28 / 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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Gillibrand Contributions</p> <p>Mailing Address Lucille Cooper 5460 Paseo del Lago</p> <p>City Laguna Woods State CA Zip Code 92637</p> <p>Purpose of 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> 32230655 <b>Date of Disbursement</b> 03 / 22 / 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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Gillibrand Contributions</p> <p>Mailing Address Lawrence Crooks 5439 Sacramento Avenue</p> <p>City Richmond State CA Zip Code 94804</p> <p>Purpose of 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> 32230656 <b>Date of Disbursement</b> 03 / 16 / 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>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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Elaine Bayus 117 Requa Road City Piedmont 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230657</b> Date of Disbursement 03 / 05 / 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 Ernest Bicknell 5437 Thomas Avenue City Oakland State CA Zip Code 94618 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: 32230658</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Fred Davis 222 Clinton Street, Apt. 3 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230659</b> Date of Disbursement 03 / 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)

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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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Sally Mock 1433 Glenbrook Drive</p> <p>City Oklahoma City State OK Zip Code 73118</p> <p>Purpose of 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: 32230660</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Mitchell Harwitz 222 Bedford Ave</p> <p>City Buffalo State NY Zip Code 14216</p> <p>Purpose of 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: 32230661</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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"/> <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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Rae Rohfeld 532 Winkworth Parkway</p> <p>City Syracuse State NY Zip Code 13215</p> <p>Purpose of 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: 32230662</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Deborah Fishbein 2218 St. James Street City Philadelphia State PA Zip Code 19103 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230663</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 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 Adolfo Tarango 5310 Repecho Drive Apt V201 City San Diego State CA Zip Code 92124 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230664</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Barbara Mayers 5300 South Shore Drive, # 107 City Chicago State IL Zip Code 60615 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230665</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 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)

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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. Kirsten Gillibrand Contributions</b>		Transaction ID: 32230666 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Catherine Day-Carlson 221 Elderwood Ave.		Amount of Each Disbursement this Period 50.00
City Pelham State NY Zip Code 10803	[MEMO ITEM] MEMO	
Purpose of 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. Kirsten Gillibrand Contributions</b>		Transaction ID: 32230667 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Venetia Holland 526 Alleghey Avenue		Amount of Each Disbursement this Period 25.00
City Baltimore State MD Zip Code 21204	[MEMO ITEM] MEMO	
Purpose of 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. Kirsten Gillibrand Contributions</b>		Transaction ID: 32230668 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Marian Heller 525 West End Avenue		Amount of Each Disbursement this Period 75.00
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

<p><b>A. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Martha Raak 220 Schenley Rd</p> <p>City Pittsburgh State PA Zip Code 15217</p> <p>Purpose of 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: 32230669</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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>B. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</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</p> <p>State: District:</p>		<p>Transaction ID: 32230670</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Mary Greenwald 10577 Drexton Place</p> <p>City Newburgh State IN Zip Code 47630</p> <p>Purpose of 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: 32230671</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <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 1066 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Betty Becker 101-A Cherry Street 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) ▼		<b>Transaction ID:</b> 32230672 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 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: Kay Russell 5200 S. Nova Road # 218 City: Port Orange State: FL Zip Code: 32127 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230673 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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: Burnley Perrin 520 N Street, SW City: Washington State: DC Zip Code: 20024 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230674 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 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 1067 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Nancy Bernstein 1425 Wightman Street 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:</b> 32230675 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Karen Jakes 520 East 86th Street City New York State NY Zip Code 10028 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> 32230676 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Janice Shapiro 220 Parkwood Avenue City Rochester State NY Zip Code 14620 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> 32230677 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 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 1068 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Grace McIlvain 5175 N Tigua Drive City: Tucson State: AZ Zip Code: 85704 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230678 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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: Claire Barnett 22 5th Avenue City: Saratoga Springs State: NY Zip Code: 12866 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230679 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Showers 5138 South Ridge Road City: Cincinnati State: OH Zip Code: 45224 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230680 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 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 1069 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Calvin Stempel 14203 SW 66th Street City Miami State FL Zip Code 33183 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: 32230681</b> Date of Disbursement 03 / 14 / 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 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: 32230682</b> Date of Disbursement 03 / 14 / 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 Lee Aurich 5108 Cochrane Ave City Oakland State CA Zip Code 94618 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: 32230683</b> Date of Disbursement 03 / 29 / 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 1070 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Leila Tolleson 11613 SE 7th Street, Apt. 236 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230684</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 5.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Carol Schneebaum 51 Landing Drive City Dobbs Ferry State NY Zip Code 10522 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: 32230685</b> Date of Disbursement 03 / 16 / 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 Ann Wansley 51 Chula Lane City San Francisco State CA Zip Code 94114 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: 32230686</b> Date of Disbursement 03 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jan Trachtman 2166 Broadway # 20E 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: 32230687</b> Date of Disbursement 03 / 29 / 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 Joan Skurnik 216 West 89th Street, Apt. 8A 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: 32230688</b> Date of Disbursement 03 / 16 / 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 Maryanne Joyce 142 Nyac Avenue City Pelham State NY Zip Code 10803 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: 32230689</b> Date of Disbursement 03 / 29 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sandra Cohen 10 River Terrace City Tarrytown State NY Zip Code 10591 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230690 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Alfred Urban 216 Kilburn Road City Garden City State NY Zip Code 11530 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230691 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Maryanne Joyce 142 Nyac Avenue City Pelham State NY Zip Code 10803 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230692 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jane Bailey Burts 2143 Sherwood Avenue City Charlotte State NC Zip Code 28207 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: 32230693</b> Date of Disbursement 03 / 13 / 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 Spencer Karpf 500 N Brand Blvd. #1090 City Glendale State CA Zip Code 91204 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: 32230694</b> Date of Disbursement 03 / 29 / 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 Cedric Bainton 50 Ventura Ave City San Francisco State CA Zip Code 94116 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: 32230695</b> Date of Disbursement 03 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Phyllis Kidd 2140 Byron Street City Palo Alto State CA Zip Code 94301 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: 32230696</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Roberta Potsic 1057 Beaumont Road City Berwyn State PA Zip Code 19312 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: 32230697</b> Date of Disbursement 03 / 25 / 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 Rosalind Golembe 214 Harriman Drive City Goshen State NY Zip Code 10924 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: 32230698</b> Date of Disbursement 03 / 15 / 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)

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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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Gillibrand Contributions</p> <p>Mailing Address Carol Oksala 5 Perth Place</p> <p>City Glenmoore State PA Zip Code 19343</p> <p>Purpose of 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: 32230699 Date of Disbursement 03 / 29 / 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>B. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Gillibrand Contributions</p> <p>Mailing Address Ellen Szuchmacher 5 Evergreen Circle</p> <p>City Manhasset State NY Zip Code 11030</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: 32230700 Date of Disbursement 03 / 29 / 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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Gillibrand Contributions</p> <p>Mailing Address Luana Miller 142 Maywood Way</p> <p>City San Rafael State CA Zip Code 94901</p> <p>Purpose of 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: 32230701 Date of Disbursement 03 / 22 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Suzanne Gardner 214 DuRose Terrace 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:</b> 32230702 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 03 / 21 / 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: Morton Yuter 5 Dover Avenue City: Garden City State: NY Zip Code: 11530 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230703 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 03 / 13 / 2007 Amount of Each Disbursement this Period 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Anthony Tenga 1157 40th Street City: Brooklyn State: NY Zip Code: 11218 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230704 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 03 / 13 / 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)

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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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address William Gamson 5 Boston Hill Road</p> <p>City Chilmark State MA Zip Code 02535</p> <p>Purpose of 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: 32230705</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>

<p><b>B. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Anne Smoke 2122 Massachusetts Avenue</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 32230706</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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>C. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Anne Coggeshall 142 Glen Eddy Drive</p> <p>City Schenectady State NY Zip Code 12309</p> <p>Purpose of 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: 32230707</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <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="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>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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Leah Dick 4912 Tattershall Way City Lawton State OK Zip Code 73501 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: 32230708</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nancy Greenwood 486 N State St City Concord State NH Zip Code 03301 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: 32230709</b> Date of Disbursement 03 / 30 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nan Lowerre 212 North Street City Chagrin Falls State OH Zip Code 44022 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: 32230710</b> Date of Disbursement 03 / 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Jon Holtzman 4850 Tobosa Rd City Las Cruces State NM Zip Code 88011 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230711</b> Date of Disbursement 03 / 15 / 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 Linda Jones 212 E Broadway City New York State NY Zip Code 10002 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230712</b> Date of Disbursement 03 / 30 / 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 Sondra Lord 1412 Willow Ave. City Louisville State KY Zip Code 40204 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230713</b> Date of Disbursement 03 / 29 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nancy Root 4840 Thunderbird Dr. City Boulder State CO Zip Code 80303 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: 32230714</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Barbara Starr 48 Wardell Road City Livingston State NJ Zip Code 07039 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: 32230715</b> Date of Disbursement 03 / 16 / 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 B. Nedelkoff 2105 Grandview Drive City Floyds Knobs State IN Zip Code 47119 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: 32230716</b> Date of Disbursement 03 / 28 / 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)

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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. Kirsten Gillibrand 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230717</b> Date of Disbursement 03 / 29 / 2007 Amount of Each Disbursement this Period 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Anita Cohen 4730 Atrium Ct. # 252 City Owings Mills State MD Zip Code 21208 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230718</b> Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 15.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Priscilla Hunt 10 Coolidge Hill Road 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230719</b> Date of Disbursement 03 / 21 / 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Ronna Horwitz-Bard 210-50 41 Avenue # 6D City: Bayside State: NY Zip Code: 11361 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230720 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Janet Roberts 4701 Fulton Street NW 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) ▼		<b>Transaction ID:</b> 32230721 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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: Willard Elsbree 209 Grosvenor Street 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230722 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Nancy Marshall 1142 Village Way 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: 32230723</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address K Ann Stebbins 208 College View Drive City Richmond State KY Zip Code 40475 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: 32230724</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 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 Susanne Buxton 1402 Lyons Avenue City Royal Oak State MI Zip Code 48073 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: 32230725</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 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 1084 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Gale Gatto 47 Aspen Ct City: Evergreen State: CO Zip Code: 80439 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230726 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Daniel Beswick 467 Encina Avenue City: Menlo Park State: CA Zip Code: 94025 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230727 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Dolores Welty 2076 Sheridan Road City: Encinitas State: CA Zip Code: 92024 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230728 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 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 1085 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Sarah Woodin 4645 Datura Road</p> <p>City Columbia State SC Zip Code 29205</p> <p>Purpose of 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: 32230729</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <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="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>B. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Alwyn Johnson 4601 Rue Belle Mer</p> <p>City Sanibel State FL Zip Code 33957</p> <p>Purpose of 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: 32230730</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Margaret Roffee 20701 Sabbath Court</p> <p>City Gaithersburg State MD Zip Code 20882</p> <p>Purpose of 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: 32230731</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Alwyn Johnson 4601 Rue Belle Mer City: Sanibel State: FL Zip Code: 33957 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230732</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Beverly Myers 2066 Promontory Point Lane City: Gold River State: CA Zip Code: 95670 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230733</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 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: Diana Mason 455 W. 44th Street, # 22 City: New York State: NY Zip Code: 10036 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230734</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 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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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Elaine Amromin 2065 Liliano Drive City Sierra Madre State CA Zip Code 91024 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: 32230735</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Virginia Kingsbury 455 Benderfield Drive City Zionsville State IN Zip Code 46077 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: 32230736</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Elisabeth Goldman 2063 Bridgeport Dr City Lexington State KY Zip Code 40502 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: 32230737</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 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

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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Elizabeth Beaujour 450 West End Avenue 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: 32230738</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 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 Stanley Strauss 1140 Breakers West Blvd City West Palm Beach State FL Zip Code 33411 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230739</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 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 Jacques Rondeau 2055 Park Road NW City Washington State DC Zip Code 20010 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230740</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 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

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Ronald Carleton 45 Pilgrims Progress Road City: Rhinebeck State: NY Zip Code: 12572 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230741</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 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: Marjorie Kalins 140 Riverside Drive, Apt. 9J City: New York State: NY Zip Code: 10026 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230742</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Beverly Adams 4452 Brickyard Falls Road City: Manlius State: NY Zip Code: 13104 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230743</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Evelyn Costello 444 Middle Neck Road, # 3K City Great Neck State NY Zip Code 11023 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230744</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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 Leslie Goldstein 205 West End Avenue # 21B 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: 32230745</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand 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: 32230746</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sherry Nehmer 205 West End Avenue 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: 32230747</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sara Wilson 14 Pond Rd # 55 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 State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32230748</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Julie Martin 4409 SE Woodward Street City Portland State OR Zip Code 97206 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230749</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> 32230750 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 5.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Elizabeth Owen 10 Park Drive City Yalaha State FL Zip Code 34797 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> 32230751 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Joan Ferrante 440 Riverside Drive # 91 City New York State NY Zip Code 10027 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> 32230752 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Barbara Lafer 44 Mandeville Drive City: Wayne State: NJ Zip Code: 07470 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230753</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Judith Fisher 204 Dromara Road City: Guilford State: CT Zip Code: 06437 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230754</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7 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: Sara Wilson 14 Pond Rd # 55 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32230755</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Diane Siegel Divita 113 Randolph Street City Northville State MI Zip Code 48167 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: 32230756</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2007 Amount of Each Disbursement this Period 12.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Edith Bingham 4309 Glenview Avenue City Glenview State KY Zip Code 40025 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: 32230757</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 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 Randy Castro 4305 Lakeview Drive SE City Port Orchard State WA Zip Code 98366 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: 32230758</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Joan Decker 430 Fresno Ave City: Morro Bay State: CA Zip Code: 93442 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230759 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Kirsten Nathanson 1001 Pennsylvania Avenue NW City: Washington State: DC Zip Code: 20004 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230760 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Thelma Wells 427 Virginia Terrace City: Madison State: WI Zip Code: 53726 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230761 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 3 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Judith Feldstein 425 Wembley Circle 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) ▼		<b>Transaction ID:</b> 32230762 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jean Taylor 201 E 86th St Apt 34D City: New York State: NY Zip Code: 10028 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230763 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Dennis McGilligan 4230 Mandan Cres 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) ▼		<b>Transaction ID:</b> 32230764 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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)

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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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Gillibrand Contributions</p> <p>Mailing Address William Crawford 1399 9th Avenue, Apt. 117</p> <p>City San Diego State CA Zip Code 92101</p> <p>Purpose of 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> 32230765 <b>Date of Disbursement</b> 03 / 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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Gillibrand Contributions</p> <p>Mailing Address Bradley Grainger 421 Highland Road</p> <p>City Ithaca State NY Zip Code 14850</p> <p>Purpose of 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> 32230766 <b>Date of Disbursement</b> 03 / 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>C. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Gillibrand Contributions</p> <p>Mailing Address Melissa Eppe 20 Village Lane</p> <p>City Santa Fe State NM Zip Code 87505</p> <p>Purpose of 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> 32230767 <b>Date of Disbursement</b> 03 / 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>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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Ferdinand Schlapper 20 Quail Ridge Dr 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230768</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 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 Laird Barber 419 W. 10th Street City Morris State MN Zip Code 56267 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: 32230769</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Ralph Burr 415 South Street # 1201 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230770</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Dorothy Polash 20 Fox Hill 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230771</b> Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address James Flaws 138 West Hill Terrace City Painted Post State NY Zip Code 14870 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: 32230772</b> Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sheila Martin 20 Eagle Gap Road City Novato State CA Zip Code 94949 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: 32230773</b> Date of Disbursement 03 / 31 / 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 1100 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: <b>Patty Jay</b> 11213 Clear Oak Circle City: <b>New Port Richey</b> State: <b>FL</b> Zip Code: <b>34654</b> Purpose of Disbursement: <input type="checkbox"/> Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230774</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: <b>Gary Bloom</b> 4120 Geraldine Avenue # 7 City: <b>St Ann</b> State: <b>MO</b> Zip Code: <b>63074</b> Purpose of Disbursement: <input type="checkbox"/> Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230775</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: <b>Judith Townsend</b> 20 Clairborne Ct City: <b>Bluffton</b> State: <b>SC</b> Zip Code: <b>29909</b> Purpose of Disbursement: <input type="checkbox"/> Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230776</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Alison Miller 41 Windsor Drive City Princeton Jct. State NJ Zip Code 08550 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230777</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 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 Margaret Rud 2 Wheaton Center 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: 32230778</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007 Amount of Each Disbursement this Period 15.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Penelope Colman 138 Knickerbocker Road City Englewood State NJ Zip Code 07631 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230779</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 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) ..... ▶	[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 1102 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Polly Rutnik 2 Noonan Lane City Albany State NY Zip Code 12209 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230780</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 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 Kathleen Lingo 137 Riversdie Drive 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: 32230781</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Allan Abramson 405 Underhill Place City Alexandria State VA Zip Code 22305 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230782</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 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 1103 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Joyce Chase 2 Fifth Avenue City: NYC 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230783 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7 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: Lynne Small 13654 Mango Drive City: Del Mar State: CA Zip Code: 92014 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230784 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Margaret Brown 1121 Oregon Hollow Road City: Holtwood State: PA Zip Code: 17532 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230785 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Joseph Williams 401 N. Du Quion Street # 4 City: Benton State: IL Zip Code: 62812 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230786</b> Date of Disbursement 03 / 15 / 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: 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: 32230787</b> Date of Disbursement 03 / 29 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Daryl Boylan 197 Coolidge Terrace City: Wyckoff State: NJ Zip Code: 07481 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230788</b> Date of Disbursement 03 / 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Joyce Bush 40 Kendrick Rd. City: E. Harwich State: MA Zip Code: 02645 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230789</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Eva Edelstein 135 Mayberry Drive City: Monroeville State: PA Zip Code: 15146 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230790</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period _____ 75.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Gail Stephens 4 Santa Lucia City: Orinda State: CA Zip Code: 94563 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32230791</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 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) ..... ▶	_____ <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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Kenneth Rosenzweig 196 Scott Avenue City Winnetka State IL Zip Code 60093 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230792</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lorene Sarne 4 Monroe 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230793</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Steve Walton 195 Spuraway Dr City San Mateo State CA Zip Code 94403 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: 32230794</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 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)

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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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Nancy Keyser 4 Abbott Valley View Drive</p> <p>City Cumberland State RI Zip Code 02864</p> <p>Purpose of 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: 32230795</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="07"/></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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Linda White 1120 E. Balboa Boulevard</p> <p>City Balboa State CA Zip Code 92661</p> <p>Purpose of 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: 32230796</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="07"/></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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Nadja Golding 1942 Rhode Island Avenue</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of 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: 32230797</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="07"/></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 1108 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address <b>Mary Kyropoulos</b> 1938 Mill Rd</p> <p>City <b>S Pasadena</b> State <b>CA</b> Zip Code <b>91030</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: 32230798</b></p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2007"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.00"/></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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address <b>Barbara Hardman</b> 39 Jane Lacey Drive, Apt. Q</p> <p>City <b>Endicott</b> State <b>NY</b> Zip Code <b>13760</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: 32230799</b></p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2007"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5.00"/></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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address <b>Louis Rosenblum</b> 1335 N. Astor Street, Apt. 13C</p> <p>City <b>Chicago</b> State <b>IL</b> Zip Code <b>60610</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: 32230800</b></p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2007"/></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

<b>A. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Barbara Lawrence 383 South Middlebush Road City: Somerset State: NJ Zip Code: 08873 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230801 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Sylvia Mitchell 1111 Wilder Avenue Apt. 16A City: Honolulu State: HI Zip Code: 96822 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230802 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 35.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Jan Flora 1902 George Allen Ave. City: Ames State: IA Zip Code: 50010 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230803 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Bernice Pernhall 1330 N.W. 26th Lane City: Delray Beach State: FL Zip Code: 33445 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230804 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 Amount of Each Disbursement this Period _____ 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Paul Aldrich 38 Cloud Leaf Place City: The Woodlands State: TX Zip Code: 77381 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230805 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7 Amount of Each Disbursement this Period _____ 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: C. Dingman 379 Bird Pond Road City: North Creek State: NY Zip Code: 12853 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230806 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 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) ..... ▶	_____ <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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Bonnie Flory 1902 Adams Street City: Hollywood State: FL Zip Code: 33020 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230807 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Bernice Elkin 3737 Atlantic Avenue Apt 1101 City: Long Beach State: CA Zip Code: 90807 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230808 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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: Mary Giegengack Jureller 1900 Euclid Ave. City: Syracuse State: NY Zip Code: 13224 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230809 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Ann Owchar</b> 3726 SW Webster Street City <b>Seattle</b> State <b>WA</b> Zip Code <b>98126</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:		<b>Transaction ID: 32230810</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 Amount of Each Disbursement this Period 15.00 <b>[MEMO ITEM]</b> MEMO
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Mary Stoddard</b> 3705 Torino Drive City <b>Santa Barbara</b> State <b>CA</b> Zip Code <b>93105</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:		<b>Transaction ID: 32230811</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Leona Sobel</b> 19 Quinine Hill City <b>Columbia</b> State <b>SC</b> Zip Code <b>29204</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:		<b>Transaction ID: 32230812</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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) ..... ▶	0.00
<b>TOTAL</b> This Period (last 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

<b>A. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Carolyn Crutchfield 133 Santolina Park City: Peachtree City State: GA Zip Code: 30269 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230813 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 7 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: Doris Edwards 19 Pocono Road, Apt. 431A City: Denville State: NJ Zip Code: 07834 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230814 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 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 Press 3604 Shepherd Street City: Chevy Chase State: MD Zip Code: 20815 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230815 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 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) ..... ▶	_____ <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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Norma Stone 3601 Turtle Creek Blvd. City: Dallas State: TX Zip Code: 75219 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230816 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 7 Amount of Each Disbursement this Period 75.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Sonia Ragir 188 Abbey Road City: Mt Tremper State: NY Zip Code: 12457 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230817 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Nancy Rust 18747 Ridgefield Road City: Seattle State: WA Zip Code: 98177 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230818 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Leal Abbott 359 Quail Drive City Woodland State CA Zip Code 95695 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230819 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address John Higham 100 Yale Road City Menlo Park State CA Zip Code 94025 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230820 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Andrew Wright 356 W. 11th Street 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230821 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Jennifer Kleckner 1855 Cowper Street City Palo Alto State CA Zip Code 94301 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: 32230822 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Diane Dalsimer 111 Lakeside Circle City Pompano Beach State FL Zip Code 33060 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: 32230823 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Margaret Macdonald 354 Carolina Meadows City Chapel Hill State NC Zip Code 27517 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: 32230824 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Donna DeDiemar 1316 Albina Avenue City Berkeley State CA Zip Code 94706 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: 32230828</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 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 Robert Vick 3512 Bellaire Blvd. City Houston State TX Zip Code 77025 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: 32230829</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7 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 Wanda VanGoor 3510 Husted Drive 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: 32230830</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Karla Kwist 3496 Biela City Las Vegas State NV Zip Code 89120 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230831</b> Date of Disbursement 03 / 14 / 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 William Ivan Shorter 1311 Lakeside Avenue City Baltimore State MD Zip Code 21218 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230832</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 75.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Mary Riccobono 1807 Restful Dr City Bradenton State FL Zip Code 34207 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230833</b> Date of Disbursement 03 / 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 1121 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Dolores Rosoff 1310 Primavera St Unit 143</p> <p>City Salinas State CA Zip Code 93901</p> <p>Purpose of 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: 32230837</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="07"/></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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Rose Murphy 3420 78th St Apt 6J</p> <p>City Jackson Hts State NY Zip Code 11372</p> <p>Purpose of 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: 32230838</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="35.00"/></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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Pearl Zeitz 131 W 80th Street Apt. B</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: 32230839</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="07"/></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

<b>A. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Marian Edelstein 180 E. Pearson Street 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) ▼		<b>Transaction ID: 32230840</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 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: Toni Antonucci 340 Orchard Hills City: Ann Arbor State: MI Zip Code: 48104 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230841</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</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: 32230842</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 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

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Maria Meuse 3358 Woodburn Road#33 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32230843</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period _____ 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: A. Shor 18 Pecan Court City: Mount Laurel State: NJ Zip Code: 08054 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230844</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period _____ 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Phyllis Kaufman 33470 SW Chinook Plaza City: Scappoose State: OR Zip Code: 97056 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230845</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 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) ..... ▶	_____ <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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Caroline Rhodes</b> 13050 Fox Hollow Drive City <b>Edinboro</b> State <b>PA</b> Zip Code <b>16412</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: 32230846</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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 <b>Jane Clewe</b> 1032 Junipero Avenue City <b>Long Beach</b> State <b>CA</b> Zip Code <b>90804</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: 32230847</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Louanna Carlin</b> 10 Montague Terrace Apt. 1A City <b>Brooklyn</b> State <b>NY</b> Zip Code <b>11201</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: 32230848</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Robert Lowensohn 3337 Oakdell Road City Studio City State CA Zip Code 91604 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230849</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Katharine Evans 18 Lafayette Road City Ipswich State MA Zip Code 01938 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230850</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 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 Joan Steele 332 Glenn Street City Ashland State OR Zip Code 97520 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32230851</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7 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 1126 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 D. McGill POB 619 City Bayfield State CO Zip Code 81122 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230852</b> Date of Disbursement 03 / 30 / 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 B. Walker PO Box 96 City Haines Falls State NY Zip Code 12436 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230853</b> Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lois Burrill PO Box 83 City Callicoon Central State NY Zip Code 12724 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230854</b> Date of Disbursement 03 / 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 1127 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Anita Collins PO Box 806 City Kutztown State PA Zip Code 19530 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230855</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 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 Susanna Davison 1301 Irving 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: 32230856</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Marion Perkus PO Box 8 City Bovina Center State NY Zip Code 13740 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230857</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Will Russell PO Box 7782 City McLean State VA Zip Code 22106 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230858</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 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 Corrine Lucido PO Box 673 City Geneva State NY Zip Code 14456 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230859</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 30.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Charlotte Lefton PO Box 64 City Warrensburg State NY Zip Code 12885 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230860</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Thomas Delgado PO Box 63012 City: Phoenix State: AZ Zip Code: 85082 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230861</b> Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Susan Miller PO Box 588 City: Anacortes State: WA Zip Code: 98221 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230862</b> Date of Disbursement 03 / 29 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Bretz PO Box 484 City: Eastport State: MI Zip Code: 49627 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230863</b> Date of Disbursement 03 / 21 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Geraldine Herbert PO Box 479 City: Ketchum State: ID Zip Code: 83340 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230864 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 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: Louisa Ferree 177 Crescent Street City: Northampton State: MA Zip Code: 01060 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230865 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: WKirk Avery PO Box 411 (Mail) City: Bridgewater State: MA Zip Code: 02324 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230866 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>WKirk Avery</b> <b>PO Box 411 (Mail)</b> City <b>Bridgewater</b> State <b>MA</b> Zip Code <b>02324</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: 32230867</b> Date of Disbursement M M / D D / Y Y Y Y <b>03 / 26 / 2007</b> Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Lilla Lyon</b> <b>33 Kings Highway</b> City <b>Hancock</b> State <b>NH</b> Zip Code <b>03449</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: 32230868</b> Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2007</b> Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Steve Hegeman</b> <b>PO Box 367</b> City <b>Bonita Springs</b> State <b>FL</b> Zip Code <b>34133</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: 32230869</b> Date of Disbursement M M / D D / Y Y Y Y <b>03 / 19 / 2007</b> 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Patricia Glaude PO Box 3204 City: Hayward State: CA Zip Code: 94540 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230870 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Eleanor Cogswell 33 Edgehill Road City: Stow State: MA Zip Code: 01775 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230871 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Rosemary Grace 33 East Oak Street City: Basking Ridge State: NJ Zip Code: 07920 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230872 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7 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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Ruth Iwano 175 W 93rd Apt Apt 9E City: New York State: NY Zip Code: 10025 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32230873</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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: Johanna Tilbury PO Box 2595 City: Kamuela State: HI Zip Code: 96743 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230874</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Barbara Slater 322 Jody Way Road City: Lutherville State: MD Zip Code: 21093 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230875</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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. Kirsten Gillibrand 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230876</b> Date of Disbursement 03 / 07 / 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 Eileen Hamper 1300 Burrows Rd City Campbell State CA Zip Code 95008 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: 32230877</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Paula Sporck 110 Wood Road # G206 City Los Gatos State CA Zip Code 95030 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: 32230878</b> Date of Disbursement 03 / 20 / 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Joyce Tigner 100 Regional Court City: Flemington State: NJ Zip Code: 08822 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230879 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 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: Peter Meyer 3205 Huntersridge Lane City: Taylor Mill State: KY Zip Code: 41015 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230880 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period _____ 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Suanne Dullard PO Box 14 City: Bigfork State: MN Zip Code: 56628 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230881 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 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) ..... ▶	_____ <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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Madeleine Littman 175 Richdale Avenue, # 114 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: 32230882</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period _____ 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: James Gamble 320 West 19th St., #3B 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32230883</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 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: Hazel Cypen 320 W. Dilido Drive 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: 32230884</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 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) ..... ▶	_____ <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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Edgar Smith P.O. Box 989 City Morro Bay State CA Zip Code 93443 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: 32230885 Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 25.00 [MEMO ITEM] MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Katherine Paterson 32 W. Cobble Hill Road City Barre State VT Zip Code 05641 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: 32230886 Date of Disbursement 03 / 07 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Shirley Cohen 175 East Delaware Place 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 32230887 Date of Disbursement 03 / 30 / 2007 Amount of Each Disbursement this Period 250.00 [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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Catherine Watson P.O. Box 914 City: Penney Farms State: FL Zip Code: 32079 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230888</b> Date of Disbursement: 03 / 14 / 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: Emily Mason Kahn 32 W 20th Street 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32230889</b> Date of Disbursement: 03 / 13 / 2007 Amount of Each Disbursement this Period: 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Marla Perkel P.O. Box 755 City: Wellfleet State: MA Zip Code: 02667 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230890</b> Date of Disbursement: 03 / 08 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Peter Smith P.O. Box 74 City Buffalo State NY Zip Code 14205 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230891</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand 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: 32230892</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 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 Joan Bramick 32 Childsworth Avenue City Bernardsville State NJ Zip Code 07924 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230893</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 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 1140 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Gillibrand Contributions</p> <p>Mailing Address: Joan Larsen 174 County Route 35</p> <p>City: Canton State: NY Zip Code: 13617</p> <p>Purpose of 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> 32230894</p> <p><b>Date of Disbursement:</b> MM / DD / YYYY 03 / 20 / 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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Gillibrand Contributions</p> <p>Mailing Address: Carol Aronoff 13 Station Lane</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><b>Transaction ID:</b> 32230895</p> <p><b>Date of Disbursement:</b> MM / DD / YYYY 03 / 23 / 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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Gillibrand Contributions</p> <p>Mailing Address: Elaine Bevilacqua 110 D Street S.E. Apt. 212</p> <p>City: Washington State: DC Zip Code: 20003</p> <p>Purpose of 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> 32230896</p> <p><b>Date of Disbursement:</b> MM / DD / YYYY 03 / 29 / 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>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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Mary Thomas P.O. Box 598 City: Quincy State: FL Zip Code: 32353 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230897</b> Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Linda Golodner 1739 Q Street, N.W. City: Washington State: DC Zip Code: 20009 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32230898</b> Date of Disbursement 03 / 13 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Julie Fershtman 31700 Briarcliff Road City: Franklin State: MI Zip Code: 48025 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32230899</b> Date of Disbursement 03 / 20 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address John Morrill 316 S. Irving Street City Arlington State VA Zip Code 22204 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230900 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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 Nancy Kuemmerle P.O. Box 449 City Grantham 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:</b> 32230901 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Margaret Behrle P.O. Box 437 City Grantham 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:</b> 32230902 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Sally Carson 3153 N 17th Street City: Arlington State: VA Zip Code: 22201 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230903 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 135.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Rose Thorman P.O. Box 4312 City: Annapolis State: MD Zip Code: 21403 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230904 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 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: Cyrus Banning P.O. Box 397 City: Gambier State: OH Zip Code: 43022 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230905 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Eleanor Katz 315 W 70th Street City New York State NY Zip Code 10023 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID:</b> 32230906 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 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 Geraldine Burger 173 Reichard Lake Road City Averill Park State NY Zip Code 12018 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> 32230907 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Gina Molinet P.O. Box 391 City Livingston Manor State NY Zip Code 12758 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> 32230908 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Gregory Fowler P.O. Box 390689 City: Mountain View State: CA Zip Code: 94039 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230909 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7 Amount of Each Disbursement this Period 40.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Robin Willner 315 Riverside Drive # 10C City: New York State: NY Zip Code: 10025 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230910 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Olga Dworkin 31401 Stonewood Court West City: Farmington Hills State: MI Zip Code: 48334 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230911 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Frances Dowling 103 Tolomato Trail City Saint Simons Islan State GA Zip Code 31522 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> 32230912 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 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 Elaine Bridges P.O. Box 3605 City San Angelo State TX Zip Code 76902 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> 32230913 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 500.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Benjamin Bird P.O. Box 356 City Flint Hill State VA Zip Code 22627 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> 32230914 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Lynn Bahrych P.O. Box 336 City Shaw Island State WA Zip Code 98286 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> 32230915 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Vera Blinn Reber 314 East King Street City Shippensburg State PA Zip Code 17257 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> 32230916 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7 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 Linda Dietel P.O. Box 309 City Flint Hill State VA Zip Code 22627 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> 32230917 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Estelle Dashman 11 Riverview Farm Road City: Ossining State: NY Zip Code: 10562 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230918 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 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: Gale Burwell 3130 Chartwell Crescent Lane City: Adamstown State: MD Zip Code: 21710 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230919 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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: Beverly Gibbs P.O. Box 279 City: Manchaca State: TX Zip Code: 78652 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230920 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

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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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Gillibrand Contributions</p> <p>Mailing Address Clara Schiffer 3125 Patterson Street, N.W.</p> <p>City Washington State DC Zip Code 20015</p> <p>Purpose of 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: 32230921 Date of Disbursement 03 / 13 / 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>B. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Gillibrand Contributions</p> <p>Mailing Address Janice Miller 1266 West 20th Avenue</p> <p>City Oshkosh State WI Zip Code 54902</p> <p>Purpose of 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: 32230922 Date of Disbursement 03 / 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>C. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Gillibrand Contributions</p> <p>Mailing Address Lloyd Blankenship 3122 No. Sheridan Road # 1B</p> <p>City Chicago State IL Zip Code 60607</p> <p>Purpose of 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: 32230923 Date of Disbursement 03 / 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>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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Cheryl Braun 1710 N Larrabee Street 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) ▼		Transaction ID: 32230924 Date of Disbursement 03 / 19 / 2007 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Richard Goodwin P.O. Box 2040 City Salem State CT Zip Code 06420 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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: 32230925 Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 250.00 [MEMO ITEM] MEMO
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<b>C. Kirsten Gillibrand 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) ▼		Transaction ID: 32230926 Date of Disbursement 03 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Stanley Bier P.O. Box 192 City Colonia State NJ Zip Code 07067 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: 32230927</b> Date of Disbursement 03 / 13 / 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 Paulina Kreger P.O. Box 188 City Redding Ridge State CT Zip Code 06876 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: 32230928</b> Date of Disbursement 03 / 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 Coleen Hanna P.O. Box 187 City Odenton State MD Zip Code 21113 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: 32230929</b> Date of Disbursement 03 / 13 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Page Dwyer 1705 Millers Rd 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230930</b> Date of Disbursement 03 / 29 / 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 Sarah Jones P.O. Box 186 City Riderwood State MD Zip Code 21139 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230931</b> Date of Disbursement 03 / 22 / 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 Sarah Hancock 31 Summit Rd 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: 32230932</b> Date of Disbursement 03 / 29 / 2007 Amount of Each Disbursement this Period 500.00 <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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Patrick Falvey P.O. Box 1211 City Greenfield State MA Zip Code 01302 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230933</b> Date of Disbursement 03 / 13 / 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 Polly Masters P.O. Box 106 City Ancramdale State NY Zip Code 12503 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230934</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Neva Dyer P.O. Box 10 City Yorkville State CA Zip Code 95494 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230935</b> Date of Disbursement 03 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Carol Edmunds 308 Silver Street 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: 32230936</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 30.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Ann Fordham 170 Villa Dr City Poquoson State VA Zip Code 23662 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: 32230937</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Margaret Olwell Friends House # 31 City Santa Rosa State CA Zip Code 95409 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: 32230938</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Mercedes Agogino ENMU PO Box 2268 City Portales State NM Zip Code 88130 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: 32230939 Date of Disbursement 03 / 14 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sandi Cooper College Of Staten IS City Staten Island State NY Zip Code 10314 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: 32230940 Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Judith Dubin 9936 Beverly Grove Drive City Beverly Hillls 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:		Transaction ID: 32230941 Date of Disbursement 03 / 30 / 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)

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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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Gillibrand Contributions</p> <p>Mailing Address Ora Gelberg 170 Park Row, Apt. 8C</p> <p>City New York State NY Zip Code 10038</p> <p>Purpose of 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> 32230942 <b>Date of Disbursement</b> 03 / 23 / 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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Gillibrand Contributions</p> <p>Mailing Address Claire Levine 307 South Dithridge Street</p> <p>City Pittsburgh State PA Zip Code 15213</p> <p>Purpose of 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> 32230943 <b>Date of Disbursement</b> 03 / 19 / 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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial) Kirsten Gillibrand Contributions</p> <p>Mailing Address Polly Smith 307 East 12th Street</p> <p>City New York City State NY Zip Code 10003</p> <p>Purpose of 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> 32230944 <b>Date of Disbursement</b> 03 / 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>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)

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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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Yde VanDerMeulen 98 Hickory Circle</p> <p>City Ithaca State NY Zip Code 14850</p> <p>Purpose of 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: 32230945</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="07"/></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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Polly Smith 307 East 12th Street</p> <p>City New York City State NY Zip Code 10003</p> <p>Purpose of 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: 32230946</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="07"/></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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Mary Bundy 170 E 79th Street</p> <p>City New York State NY Zip Code 10021</p> <p>Purpose of Disbursement Candidate Contrib Earmarked</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 32230947</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="07"/></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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Elaine Magilner 1251 Fairacres Road</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of 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: 32230948</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="07"/></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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Karlyn Sugai 11 Landers Street</p> <p>City San Francisco State CA Zip Code 94114</p> <p>Purpose of 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: 32230949</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="07"/></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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Helen Waterbury 3057 S. Higuera, # 181</p> <p>City San Luis Obispo State CA Zip Code 93401</p> <p>Purpose of 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: 32230950</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="07"/></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 1159 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Phyllis Kayten 96 Churchill Ave 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230951 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 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: Raymond O'Day 9510 Old Hyde Park Place City: Bradenton State: FL Zip Code: 34202 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230952 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7 Amount of Each Disbursement this Period _____ 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Janet McDaniel 951 Spencer 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) ▼		<b>Transaction ID:</b> 32230953 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 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) ..... ▶	_____ <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 1160 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 <b>Alyce Ritti</b> 170 Cherrywood Way City <b>Port Matilda</b> State <b>PA</b> Zip Code <b>16870</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: 32230954</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address <b>Robert West</b> 305 Nautilus Drive City <b>Madison</b> State <b>WI</b> Zip Code <b>53705</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: 32230955</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 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 <b>Marjorie Vanek</b> 10241 York Road City <b>N. Royalton</b> State <b>OH</b> Zip Code <b>44133</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: 32230956</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 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 1161 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Joan Weeks 9420 Old Bonhomme Road City: Saint Louis State: MO Zip Code: 63132 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230957 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 20.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Carmen Williams 305 Centre St. City: Haddonfield State: NJ Zip Code: 08033 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230958 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Carolyn Isackson 9412 Walburg Way City: Montgomery Village State: MD Zip Code: 20886 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230959 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Edgar Chase 9406 Michael Drive City: Clinton State: MD Zip Code: 20735 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230960 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7 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: Arlene Noble 940 Hilldale 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:</b> 32230961 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Julie Holzhrueter 935 Saluda Ct 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230962 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Daniel Rous 304 W. 121st St. #8 City New York State NY Zip Code 10027 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: 32230963</b> Date of Disbursement 03 / 05 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Patti Frounfelter 125 N. Pansy St City Ishpeming State MI Zip Code 49849 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: 32230964</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Pamela Rogers 1694 Patio Terrace #B City Arlington State TX Zip Code 76010 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: 32230965</b> Date of Disbursement 03 / 30 / 2007 Amount of Each Disbursement this Period 5.00 <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> Kirsten Gillibrand Contributions Full Name (Last, First, Middle Initial) Mailing Address: Barbara Mackoy 928 Simon Drive City: Cedar Hill State: TX Zip Code: 75104 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230966 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period _____ 50.00 <b>[MEMO ITEM]</b> MEMO
<b>B.</b> Kirsten Gillibrand Contributions Full Name (Last, First, Middle Initial) Mailing Address: Hope Geisler 3035 Birchton Road City: Ballston Spa State: NY Zip Code: 12020 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230967 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period _____ 25.00 <b>[MEMO ITEM]</b> MEMO
<b>C.</b> Kirsten Gillibrand Contributions Full Name (Last, First, Middle Initial) Mailing Address: Caroline DeOlden 16825 SW Chinook Drive City: Crooked River Ranc State: OR Zip Code: 97760 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230968 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period _____ 25.00 <b>[MEMO ITEM]</b> MEMO

<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 1165 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Clyde Shorey 3033 West Lane Keys NW 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____		<b>Transaction ID:</b> 32230969 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Clyde Shorey 3033 West Lane Keys NW 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____		<b>Transaction ID:</b> 32230970 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Michael Litt 92 Wheatherstone Pl. City: Lake Oswego State: OR Zip Code: 97035 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> 32230971 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 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 1166 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Brian Schaffhausen 92 Lauricella Lane City Waltham State MA Zip Code 02452 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: 32230972</b> Date of Disbursement 03 / 26 / 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 Phyllis Schoen 919 Westchester Place 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230973</b> Date of Disbursement 03 / 28 / 2007 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Roger Ernst 9176 Highland Ridge Way City Tampa State FL Zip Code 33647 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: 32230974</b> Date of Disbursement 03 / 29 / 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

<p><b>A. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Laurie Collins 914 Geneva Street</p> <p>City Glendale State CA Zip Code 91207</p> <p>Purpose of 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: 32230975</p> <p>Date of Disbursement 03 / 29 / 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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Thomas Madden 9130 Kedvale Avenue</p> <p>City Skokie State IL Zip Code 60076</p> <p>Purpose of 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: 32230976</p> <p>Date of Disbursement 03 / 14 / 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>C. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Norma Liner 10953 Cherry Ridge 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>Transaction ID: 32230977</p> <p>Date of Disbursement 03 / 15 / 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>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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Ann Cerney 900 W. Vine Street City: Lodi State: CA Zip Code: 95240 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230978 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 10.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Marguerite Cullman 300 Park Drive City: Severna Park State: MD Zip Code: 21146 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230979 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Brian Dautch 300 3rd Street, NE # 103 City: Washington State: DC Zip Code: 20002 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230980 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Elaine Heffner 90 Riverside Drive # 9A 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: 32230981</b> Date of Disbursement 03 / 29 / 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 Karla Brooks Baehr 9 Stephen Place 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32230982</b> Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Peter Zavon 30 Woodline Drive City Penfield State NY Zip Code 14526 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: 32230983</b> Date of Disbursement 03 / 30 / 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)

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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. Kirsten Gillibrand Contributions</b>		Transaction ID: 32230984 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Kerry Costello 9 Rambler Road		Amount of Each Disbursement this Period 20.00
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 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. Kirsten Gillibrand Contributions</b>		Transaction ID: 32230985 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Christine Sellge 30 Copper Beech Road		Amount of Each Disbursement this Period 250.00
City Greenwich State CT Zip Code 06830	[MEMO ITEM] MEMO	
Purpose of 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. Kirsten Gillibrand Contributions</b>		Transaction ID: 32230986 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Abraham Spector 89 Hemlock Drive		Amount of Each Disbursement this Period 12.00
City Farmingdale State NY Zip Code 11735	[MEMO ITEM] MEMO	
Purpose of 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 1171 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Estelle Jones 3 Stanwich Lane City: Greenwich State: CT Zip Code: 06830 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32230987</b> Date of Disbursement 03 / 13 / 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: Janet Eaton 1235 Marriottsville Road City: Marriottsville State: MD Zip Code: 21104 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32230988</b> Date of Disbursement 03 / 15 / 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 Kwolek 8816 Fernwood Path City: Washington State: MI Zip Code: 48094 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32230989</b> Date of Disbursement 03 / 28 / 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 1172 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Fleda Dean 88 Park Street, # 35 City: Portland State: ME Zip Code: 04101 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230990 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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: Ann Gawler 3 Sheridan Court City: Clifton Park State: NY Zip Code: 12065 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230991 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period _____ 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Richard Quandt 162 Springdale Road 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:</b> 32230992 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 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 1173 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Barbara Lyons 88 Central Park West 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:</b> 32230993 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: J. Kelley Nevling 88 Central Park West 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:</b> 32230994 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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: Beverly Blum 3 Ivy Pl 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32230995 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7 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 1174 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 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:</b> 32230996 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 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 Mary Carter 109 Smithfield Drive City Endicott State NY Zip Code 13760 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230997 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 30.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Idell Weydemeyer 877 N Rancho Road City El Sobrante State CA Zip Code 94803 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230998 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7 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 1175 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Deborah Friend 3 Crystal Lane City: Newton State: NH Zip Code: 03858 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32230999 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 7 Amount of Each Disbursement this Period 5.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Helen Reinhard 87 Bridge Street City: Medfield State: MA Zip Code: 02052 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32231000 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Laura Scott 866 Wharfside Rd. City: San Mateo State: CA Zip Code: 94404 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32231001 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sally Parker 8614 Meadowsweet Ct. City Columbia State MD Zip Code 21045 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: 32231002</b> Date of Disbursement 03 / 07 / 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 David Daniel 16120 Rancho Del Lago City moreno valley State CA Zip Code 92551 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: 32231003</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Viann McQueen 8538 Terrace Drive City Sandy State UT Zip Code 84093 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: 32231004</b> Date of Disbursement 03 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Helen Boyden 8525 Nottingham Place City: La Jolla State: CA Zip Code: 92037 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32231005 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 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: Daniela Ettlinger 851 Marina Drive City: Weston State: FL Zip Code: 33327 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32231006 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period _____ 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: David Pasta 2970 South Court 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32231007 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 5 / 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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 Dorothy Givens 849 Cascade Drive City Sunnyvale State CA Zip Code 94087 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: 32231008</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 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 Adair Waldenberg 838 Camden Lane City Northfield State IL Zip Code 60093 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32231009</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 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 Clara Bleak 10218 Berkshire Road City Bloomington State MN Zip Code 55437 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32231010</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Gloria Fulcher 2925 Roanoke Court City: Bakersfield State: CA Zip Code: 93306 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32231011</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Anita Barker 1611 Cold Spring Rd. City: Williamstown State: MA Zip Code: 01267 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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: 32231012</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 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: 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 State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 32231013</b> Date of Disbursement M M / D D / Y Y Y Y 03 / 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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Caryle Miller 8132 Keeler Street City Alexandria State VA Zip Code 22309 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32231014 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 200.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Mary Halloran 813 Pleasant Hill Road City Wallingford State PA Zip Code 19086 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32231015 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Marjorie Larson 12310 30th Ave N City Plymouth State MN Zip Code 55441 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32231016 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 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)

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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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Elizabeth Shipley 805 HAGYS FORD RD City Narberth State PA Zip Code 19072 Purpose of Disbursement Candidate Contrib Earmarked Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32231017</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: 32231018</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7 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 Frances Meador 800 Lake Port Blvd Apt C502 City Leesburg State FL Zip Code 34748 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: 32231019</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="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: Gretchen Hoffmann 800 Avondale Road City: Austin State: TX Zip Code: 78704 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32231020 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7 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: Armine Cuber 2904 Lynnwood Drive City: Columbia State: MO Zip Code: 65203 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 32231021 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period _____ 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address: Maxine Rader 2901 U A A Drive City: Anchorage State: AK Zip Code: 99508 Purpose of Disbursement: Candidate Contrib Earmarked Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <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> 32231022 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 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) ..... ▶	_____ <b>0.00</b>
<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. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Paula Belluardo 16 Woodland Ave City Poughkeepsie State NY Zip Code 12603 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: 32231023</b> Date of Disbursement 03 / 29 / 2007 Amount of Each Disbursement this Period 25.00 <b>[MEMO ITEM]</b> MEMO
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<b>B. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Sheila Zweifler 8 Van Duzer Drive City Poughkeepsie State NY Zip Code 12603 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: 32231024</b> Date of Disbursement 03 / 28 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b> MEMO
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<b>C. Kirsten Gillibrand Contributions</b> Full Name (Last, First, Middle Initial) Mailing Address Pamela Marino 8 Mills Rd City Gaithersburg State MD Zip Code 20877 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: 32231025</b> Date of Disbursement 03 / 16 / 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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(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Sarah Glickenhaus 100 Dorchester Road</p> <p>City Scarsdale State NY Zip Code 10583</p> <p>Purpose of 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: 32231026</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="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>B. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Lucinda Dudley 10 Bray Wood Road</p> <p>City Williamsburg State VA Zip Code 23185</p> <p>Purpose of 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: 32231027</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="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. Kirsten Gillibrand Contributions</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Ellen Singer 1 Charles 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: 32231028</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <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="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 1185 / 2428

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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)  
Kirsten Gillibrand Contributions

Mailing Address Margaret Schmitz  
1 Calhoun Street

City Grantsville State WV Zip Code 26147

Purpose of Disbursement  
Candidate Contrib Earmarked

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 32231029

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

**22680.00**

# 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 1186 / 2428

<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. Phyllis Sinrich</b>		Transaction ID: SB28A-109030 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 7	
Mailing Address 1 Strawberry HI		Amount of Each Disbursement this Period 21.00	
City Stamford State CT Zip Code 06902	Purpose of Disbursement Refund	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. Anna Berger</b>		Transaction ID: SB28A-108790 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7	
Mailing Address 2750 Buena Vista Way		Amount of Each Disbursement this Period 100.00	
City Berkeley State CA Zip Code 94708	Purpose of Disbursement Refund	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. Donna Youngdahl</b>		Transaction ID: SB28A-109021 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 7	
Mailing Address 1234 Birch Street		Amount of Each Disbursement this Period 25.00	
City Sandpoint State ID Zip Code 86864	Purpose of Disbursement Refund	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) ..... ▶	146.00
<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 1187 / 2428

<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. Karen Dolder</b>		<b>Transaction ID: SB28A-109023</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 57 Marques Court		Amount of Each Disbursement this Period 50.00
City Danville State CA Zip Code 94526		
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. Nancy Livingston</b>		<b>Transaction ID: SB28A-109022</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 60 Eucalyptus Knoll Street		Amount of Each Disbursement this Period 100.00
City Mill Valley State CA Zip Code 94941		
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. Naomi Nakashima</b>		<b>Transaction ID: SB28A-108251</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 44 Dawnview		Amount of Each Disbursement this Period 250.00
City San Francisco State CA Zip Code 94131		
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) ..... ▶	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 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. Eleanor Hoy</b>		<b>Transaction ID: SB28A-109025</b> Date of Disbursement MM / DD / YYYY 03 / 09 / 2007
Mailing Address 4 Pier Avenue		Amount of Each Disbursement this Period 10.00
City Rockport	State MA	
Zip Code 01966	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. Eleanor Hoy</b>		<b>Transaction ID: SB28A-109026</b> Date of Disbursement MM / DD / YYYY 03 / 09 / 2007
Mailing Address 4 Pier Avenue		Amount of Each Disbursement this Period 10.00
City Rockport	State MA	
Zip Code 01966	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. Eleanor Hoy</b>		<b>Transaction ID: SB28A-109027</b> Date of Disbursement MM / DD / YYYY 03 / 09 / 2007
Mailing Address 4 Pier Avenue		Amount of Each Disbursement this Period 10.00
City Rockport	State MA	
Zip Code 01966	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) ..... ▶	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 1189 / 2428

<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. Eleanor Hoy</b>		<b>Transaction ID:</b> SB28A-109029 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 4 Pier Avenue		Amount of Each Disbursement this Period 10.00
City Rockport State MA Zip Code 01966		
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. Eleanor Hoy</b>		<b>Transaction ID:</b> SB28A-109048 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 4 Pier Avenue		Amount of Each Disbursement this Period 10.00
City Rockport State MA Zip Code 01966		
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. Rosemary Armstrong</b>		<b>Transaction ID:</b> SB28A-109031 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 3415 W Mullen Avenue		Amount of Each Disbursement this Period 1000.00
City Tampa State FL Zip Code 33609		
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) ..... ▶	1020.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1190 / 2428

<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. Lyman Albaugh</b>		<b>Transaction ID:</b> SB28A-109032 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 240 56th Street		Amount of Each Disbursement this Period 25.00
City Des Moines State IA Zip Code 50312	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. Lyman Albaugh</b>		<b>Transaction ID:</b> SB28A-109033 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 240 56th Street		Amount of Each Disbursement this Period 25.00
City Des Moines State IA Zip Code 50312	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. Lyman Albaugh</b>		<b>Transaction ID:</b> SB28A-109034 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 240 56th Street		Amount of Each Disbursement this Period 25.00
City Des Moines State IA Zip Code 50312	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) ..... ▶	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 1191 / 2428

<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. Lyman Albaugh</b> Full Name (Last, First, Middle Initial) Mailing Address 240 56th Street City Des Moines State IA Zip Code 50312 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-109035</b> Date of Disbursement 03 / 15 / 2007 Amount of Each Disbursement this Period 25.00 Category/Type
--	--	--

<b>B. Sylvia Rabow</b> Full Name (Last, First, Middle Initial) Mailing Address 21 Berkeley Terrace City Livingston State NJ Zip Code 07039 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-109036</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 10.00 Category/Type
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<b>C. Sylvia Rabow</b> Full Name (Last, First, Middle Initial) Mailing Address 21 Berkeley Terrace City Livingston State NJ Zip Code 07039 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-109037</b> Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 10.00 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	45.00
<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 1192 / 2428

<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. Sylvia Rabow</b>		Transaction ID: SB28A-109038 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address 21 Berkeley Terrace		Amount of Each Disbursement this Period 10.00
City Livingston State NJ Zip Code 07039	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. Dorothy Schwartz</b>		Transaction ID: SB28A-109039 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address 26101 Village Ln Apt 106		Amount of Each Disbursement this Period 20.00
City Beachwood State OH Zip Code 44122	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. Karen Castor Dentel</b>		Transaction ID: SB28A-109040 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 512 Bianca Ct.		Amount of Each Disbursement this Period 300.00
City Altamonte Springs State FL Zip Code 32701	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) ..... ▶	330.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A. Mary Savarino</b> Full Name (Last, First, Middle Initial) Mailing Address 723 13th Avenue City Coralville State IA Zip Code 52241 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-109041</b> Date of Disbursement 03 / 22 / 2007 Amount of Each Disbursement this Period 20.00 Category/Type
--	--	--

<b>B. Pam Rolph</b> Full Name (Last, First, Middle Initial) Mailing Address 132 San Felipe Avenue City San Francisco State CA Zip Code 94080 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-109042</b> Date of Disbursement 03 / 23 / 2007 Amount of Each Disbursement this Period 250.00 Category/Type
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<b>C. Murray Berrie</b> Full Name (Last, First, Middle Initial) Mailing Address 14745 Draft Horse Lane City Wellington State FL Zip Code 33414 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-109045</b> Date of Disbursement 03 / 26 / 2007 Amount of Each Disbursement this Period 500.00 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>770.00</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 1194 / 2428

<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

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

<p><b>A. Murray Berrie</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 14745 Draft Horse Lane</p> <p>City Wellington State FL Zip Code 33414</p> <p>Purpose of Disbursement Refund</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: SB28A-109046</b></p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <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="500.00"/></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. Doreen Eisenbraun</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2932 E. Wingedfoot Dr.</p> <p>City Chandler State AZ Zip Code 85249</p> <p>Purpose of Disbursement Refund</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: SB28A-109043</b></p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <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="10.00"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Doreen Eisenbraun</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2932 E. Wingedfoot Dr.</p> <p>City Chandler State AZ Zip Code 85249</p> <p>Purpose of Disbursement Refund</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: SB28A-109044</b></p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <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="10.00"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="520.00"/></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 1195 / 2428

<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)  
Elaine Hui

Mailing Address 1301 Stratford Avenue

City South Pasadena State CA Zip Code 91030

Purpose of Disbursement Refund

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB28A-109047

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**130.00**

**TOTAL** This Period (last page this line number only) .....

**3466.00**

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input 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 #3</b>		<b>Transaction ID:</b> SB29-108450 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 1120 Connecticut Ave NW Suite 1100		Amount of Each Disbursement this Period 300.00
City Washington State DC Zip Code 20036	S. Martin cntrb orig reported 2/28/07	
Purpose of Disbursement Transfer to Non-Federal Fund		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. EMILY's List Non-Federal #3</b>		<b>Transaction ID:</b> SB29-108451 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 1120 Connecticut Ave NW Suite 1100		Amount of Each Disbursement this Period 350.00
City Washington State DC Zip Code 20036	A Newman cntrb orig reported 2/27/07	
Purpose of Disbursement Transfer to Non-Federal Fund		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. EMILY's List Non-Federal #3</b>		<b>Transaction ID:</b> SB29-108452 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 1120 Connecticut Ave NW Suite 1100		Amount of Each Disbursement this Period 600.00
City Washington State DC Zip Code 20036	A Newman cntrb orig reported 2/26/07	
Purpose of Disbursement Transfer to Non-Federal Fund		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1197 / 2428

<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 #3</b>		<b>Transaction ID: SB29-108453</b>	
Mailing Address 1120 Connecticut Ave NW Suite 1100		Date of Disbursement MM / DD / YYYY 03 / 15 / 2007	
City Washington	State DC	Zip Code 20036	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Transfer to Non-Federal Fund		Category/ Type	S. Namm Spencer cntrb orig reported 2/16/07
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. EMILY's List Non-Federal #3</b>		<b>Transaction ID: SB29-108454</b>	
Mailing Address 1120 Connecticut Ave NW Suite 1100		Date of Disbursement MM / DD / YYYY 03 / 15 / 2007	
City Washington	State DC	Zip Code 20036	Amount of Each Disbursement this Period 300.00
Purpose of Disbursement Transfer to Non-Federal Fund		Category/ Type	M. Tondreau cntrb orig re- ported 2/27/07
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>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2050.00</b>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1198 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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. 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 consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2007

**Transaction ID: 2224754**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nina Dodge Abrams

Mailing Address 25520 Sherwood

City State Zip Code  
Huntington Woods MI 48070

FEC ID number of contributing federal political committee. **C**

Name of Employer Abrams, Yu and Associates PC Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2007

**Transaction ID: 2230406**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Eleanor D. Acheson

Mailing Address 425 8th Street, NW #1129

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C**

Name of Employer US department of Justice Occupation Assistant Attorney General

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2007

**Transaction ID: 2222435**

Amount of Each Receipt this Period  
3500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4600.00</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 1200 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Florence Ellison Ailes		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 1191 Needle Point Drive		<b>Transaction ID:</b> 2221456
City State Zip Code Cheboygan MI 49721	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>B.</b> Ms. Florence Ellison Ailes		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 1191 Needle Point Drive		<b>Transaction ID:</b> 2225793
City State Zip Code Cheboygan MI 49721	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.</b> Ms. Florence Ellison Ailes		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 1191 Needle Point Drive		<b>Transaction ID:</b> 2230418
City State Zip Code Cheboygan MI 49721	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 ▼ 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) ..... ▶	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 1201 / 2428
	(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. Barbara J. Albery		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2007	
Mailing Address 581 Covey Lane		<b>Transaction ID:</b> 2221349	
City Eugene	State OR	Amount of Each Receipt this Period 250.00	
Zip Code 97401		FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self	Occupation Financial Planner	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. Catherine A. Allen		Date of Receipt M M / D D / Y Y Y Y Y 03 / 26 / 2007	
Mailing Address 5 San Sebastian Road		<b>Transaction ID:</b> 2229991	
City Santa Fe	State NM	Amount of Each Receipt this Period 500.00	
Zip Code 87505		FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer BRB Technology Group	Occupation CEO	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. Kathryn M. Anastos, M.D.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 19 / 2007	
Mailing Address 41 Lewis Pkwy.		<b>Transaction ID:</b> 2227833	
City Yonkers	State NY	Amount of Each Receipt this Period 250.00	
Zip Code 10705		FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 350.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1202 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<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 Apple</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 1614 Main Street, #B		<b>Transaction ID: 2223672</b>	
City State Zip Code Evanston IL 60202	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Writer/Researcher			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Jerome Aresty</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 17080 Castlebay Court		<b>Transaction ID: 2220062</b>	
City State Zip Code Boca Raton FL 33496	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Jerome Aresty</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 17080 Castlebay Court		<b>Transaction ID: 2224319</b>	
City State Zip Code Boca Raton FL 33496	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 ▼ 350.00		

<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 1203 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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. Rosemary E Armstrong</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 3415 W Mullen Avenue		<b>Transaction ID: 2222051</b>	
City Tampa	State FL	Zip Code 33609	Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Arletta M. Ashe</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 10 Prout Place		<b>Transaction ID: 2224993</b>	
City Cape Elizabeth	State ME	Zip Code 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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Susan S. Askanase</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 5122 Glenmeadow Dr		<b>Transaction ID: 2220123</b>	
City Houston	State TX	Zip Code 77096	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 ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2085.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1204 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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. Jon Michael Asmundson		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 1324 La Pointe Road		<b>Transaction ID:</b> 2223315
City State Zip Code Eureka CA 95503	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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Virginia Aycock-Burr		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 415 South St Apt 1201		<b>Transaction ID:</b> 2231199
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>		
Name of Employer Occupation Self Christian Science Practitioner		
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. Ethel Ayers		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007
Mailing Address 17330 Quaker Lane Apt. 2E		<b>Transaction ID:</b> 2222064
City State Zip Code Sandy Spring MD 20860	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) ..... ▶	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 1205 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Karla Brooks Baehr		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 9 Stephen Place		<b>Transaction ID:</b> 2229396
City State Zip Code Newton MA 02461	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer City of Lowell, MA	Occupation School 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. Nancy Hursh Bagley		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 1235 8th Avenue West		<b>Transaction ID:</b> 2228591
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	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Gloria Bailey		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 208 Ash Run Road		<b>Transaction ID:</b> 2230011
City State Zip Code Louisville KY 40245	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed	Occupation Interior Designer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	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 1206 / 2428  
(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 Bailey

Mailing Address 40 Oak Street

City State Zip Code  
Geneseo NY 14454

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  
03 / 16 / 2007

**Transaction ID: 2227408**

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Sue Bailey

Mailing Address 7101 Glenbrook Road

City State Zip Code  
Bethesda MD 20814

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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

**Transaction ID: 2227530**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Carole I. Bailis

Mailing Address 1935 Lafayette Road

City State Zip Code  
Gladwyne PA 19035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2007

**Transaction ID: 2224923**

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **710.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 03 / 29 / 2007	
Mailing Address 814 Escalona Drive		<b>Transaction ID:</b> 2230710	
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	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. Jean Baker		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 22R Vernon Street		<b>Transaction ID:</b> 2223388	
City State Zip Code Brookline MA 02446	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> Mrs. Golda G. Baker		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 9333 Memorial Drive #102		<b>Transaction ID:</b> 2220901	
City State Zip Code Houston TX 77024	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The AFP Group Occupation CFO	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 1208 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Millicent Ball		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2007	
Mailing Address 1415 Country Ridge Drive		<b>Transaction ID:</b> 2224675	
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 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. Cecilia Ball		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2007	
Mailing Address 324 1st Place		<b>Transaction ID:</b> 2220423	
City State Zip Code Manhattan Beach CA 90266	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 ▼ 1300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Cecilia Ball		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2007	
Mailing Address 324 1st Place		<b>Transaction ID:</b> 2220424	
City State Zip Code Manhattan Beach CA 90266	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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1209 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Alice H Ball		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 785 Overhill Court		<b>Transaction ID:</b> 2227531
City State Zip Code Atlanta GA 30328	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Occupation businesswoman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Alta Barer		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 3048 El Laurelhurst Drive, NE		<b>Transaction ID:</b> 2221557
City State Zip Code Seattle WA 98105	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 ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. William T. Barker		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 132 E. Delaware Unit 5806		<b>Transaction ID:</b> 2224216
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Sonnenschein Nath & Rosenthal Occupation Insurance Litigation Attorney		
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) ..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Anita B Barker		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 1611 Cold Spring Rd. Box 636		<b>Transaction ID:</b> 2221461
City State Zip Code Williamstown MA 01267	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 ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Catherine J Barker		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2007
Mailing Address 8806 207th Place SW		<b>Transaction ID:</b> 2224780
City State Zip Code Edmonds WA 98026	Amount of Each Receipt this Period 15.00	
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 ▼ 215.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Catherine J Barker		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 8806 207th Place SW		<b>Transaction ID:</b> 2229320
City State Zip Code Edmonds WA 98026	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 ▼ 215.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	365.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1211 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 E. Barnard		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 11508 Durland Avenue NE		<b>Transaction ID:</b> 2225040
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 ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Margaret M. Barrett		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 58 Upper Lake Shore Drive		<b>Transaction ID:</b> 2229321
City State Zip Code Katonah NY 10536	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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Alice M Bartelt		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 6690 SW Dover Street		<b>Transaction ID:</b> 2223810
City State Zip Code Portland OR 97225	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SAIF Corporation	Occupation Attorney	
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) ..... ▶	1335.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Jeuli Bartenstein		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 1640 N. Woodstock St.		<b>Transaction ID:</b> 2230200	
City State Zip Code Arlington VA 22207	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer retired	Occupation Public manager		
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. Jeannette Bartlett		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 18479 Country Club Court		<b>Transaction ID:</b> 2221302	
City State Zip Code Riverview MI 48193	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. Justine Barton		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 1124 Deleisseline Blvd.		<b>Transaction ID:</b> 2228575	
City State Zip Code Mt. Pleasant SC 29464	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer US EPA	Occupation Biologist		
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) ..... ▶	

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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 Bauer

Mailing Address 2500 N. Lakeview Avenue  
# 200S

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Espiritu and Associates President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2007

Transaction ID: 2224217

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Karen K Bayer

Mailing Address 15 Catamaran Lane

City State Zip Code  
Bluffton SC 29909

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  
03 / 07 / 2007

Transaction ID: 2220665

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Curt F. Beck

Mailing Address 11 September Rd.

City State Zip Code  
Storrs CT 06268

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  
03 / 09 / 2007

Transaction ID: 2222357

Amount of Each Receipt this Period  
250.00

<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:	PAGE 1214 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Marlys J. Becker		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 575 Thayer Avenue # 301		<b>Transaction ID:</b> 2225469
City State Zip Code Silver Spring MD 20910	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 ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Margaret A. Behrle		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address P.O. Box 437		<b>Transaction ID:</b> 2227620
City State Zip Code Granham NH 03753	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 ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Iris Belding		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 826 W. Guanajuato Drive		<b>Transaction ID:</b> 2224251
City State Zip Code Claremont CA 91711	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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	510.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1215 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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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 03 / 14 / 2007	
Mailing Address 35 Boudinot Street		<b>Transaction ID:</b> 2223755	
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 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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Joan Benesch		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 4444 Linnean Avenue NW		<b>Transaction ID:</b> 2220942	
City State Zip Code Washington DC 20008	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. Lois Bennett		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1630 Kenilworth Street		<b>Transaction ID:</b> 2224702	
City State Zip Code Sarasota FL 34231	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coldwell Banker		Occupation Realtor	
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) ..... ▶	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: (check only one)	PAGE 1216 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 Bennett		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2007	
Mailing Address 2 Mayfair Lane		<b>Transaction ID:</b> 2229646	
City State Zip Code Buffalo NY 14201	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed Occupation 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>B.</b> Mrs. Lucy Wilson Benson		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 46 Sunset Ave		<b>Transaction ID:</b> 2231207	
City State Zip Code Amherst MA 01002	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Consultant	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. Jayne Bentzen		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 137 Riverside Drive PH		<b>Transaction ID:</b> 2220469	
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer self Occupation artist	Aggregate Year-to-Date ▼ 4800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Bentzen		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 137 Riverside Drive PH		<b>Transaction ID:</b> 2220470	
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 4500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self Occupation artist	Aggregate Year-to-Date ▼ 4800.00		
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 Bergen		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 642 Shultz Drive		<b>Transaction ID:</b> 2224257	
City State Zip Code Hamilton OH 45013	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Miami University Occupation Professor	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> Ms. Marilyn Bergman		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 714 N. Maple Drive		<b>Transaction ID:</b> 2220706	
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>			
Name of Employer Self Occupation Writer	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1218 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Bergstrom		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 3935 Ramble Creek Drive		<b>Transaction ID:</b> 2225790	
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 UTH Professor	Aggregate Year-to-Date ▼ 255.00		
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 Berk		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 7 E 14th Street, Apt.1117		<b>Transaction ID:</b> 2226561	
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 ▼ 255.00		
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 M. Berman		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 200 South Hudson Avenue		<b>Transaction ID:</b> 2222625	
City State Zip Code Los Angeles CA 90004	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 ▼ 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) ..... ▶	420.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1219 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Mandell Berman</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 29100 Northwestern Hwy Ste. 370		<b>Transaction ID: 2231304</b>
City State Zip Code Southfield MI 48034	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. Nancy Bernstein</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 1425 Wightman Street		<b>Transaction ID: 2230857</b>
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>		
Name of Employer not employed Occupation public health educator	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. Ms. Miriam Bernstein</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 3117 Esther Drive		<b>Transaction ID: 2223756</b>
City State Zip Code Cincinnati OH 45213	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) ..... ▶	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: (check only one)	PAGE 1220 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Murray L. Berrie</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 14745 Draft Horse Ln		<b>Transaction ID: 2225532</b>
City State Zip Code Wellington FL 33414	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>B. Mrs. Susan D. Berrington</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 5920 Granby Rd.		<b>Transaction ID: 2219448</b>
City State Zip Code Derwood MD 20855	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 ▼ 1450.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Alison Bers</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 150 Shelley		<b>Transaction ID: 2221491</b>
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 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) ..... ▶	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 1221 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 03 / 02 / 2007	
Mailing Address 4561 Walnut Street		<b>Transaction ID:</b> 2220020	
City State Zip Code Kansas City MO 64111	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Joan Dolan Biblo		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 4561 Walnut Street		<b>Transaction ID:</b> 2230153	
City State Zip Code Kansas City MO 64111	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Sheila Biddle		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 125 E. 72nd Street		<b>Transaction ID:</b> 2220698	
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			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1222 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 P. Biggs		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 240 E 47th Street., Apt. 23D		Transaction ID: 2223727
City State Zip Code New York NY 10017	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. Sherry Billig		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address 3737 Ashley Way		Transaction ID: 2221949
City State Zip Code Owings Mills MD 21117	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Vice Pres.	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. Edith S. Bingham		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address 4309 Glenview Avenue P.O. Box 64		Transaction ID: 2222002
City State Zip Code Glenview KY 40025	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Community Volunteer	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) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1223 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 S. Bingham		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 4309 Glenview Avenue P.O. Box 64		<b>Transaction ID:</b> 2230487
City State Zip Code Glenview KY 40025	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer None	Occupation Community Volunteer	
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) <b>B.</b> Mr. Robert W. Birge		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 1 Greenwood Common		<b>Transaction ID:</b> 2219677
City State Zip Code Berkeley CA 94708	Amount of Each Receipt this Period 2000.00	
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. Kathryn G. Birn		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 946 Garrison Ave		<b>Transaction ID:</b> 2222247
City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Opera Singer	
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) ..... ▶	2500.00
<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 1224 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 Bischoff		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 3409 Del Monte Drive		<b>Transaction ID:</b> 2228191
City State Zip Code Houston TX 77019	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer 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> Dr. Donna W Blake		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 10856 Parcel Court		<b>Transaction ID:</b> 2227361
City State Zip Code Oakton VA 22124	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation VisiTech, Ltd. Scientist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Donna W Blake		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 10856 Parcel Court		<b>Transaction ID:</b> 2227362
City State Zip Code Oakton VA 22124	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation VisiTech, Ltd. Scientist		
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) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 A. Blalock		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 258 Delmar Way		<b>Transaction ID:</b> 2231208	
City State Zip Code San Mateo CA 94403		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Applied Materials Occupation Purchasing 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>B.</b> Ms. Maureen P Blanc		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 2881 Vallejo		<b>Transaction ID:</b> 2223811	
City State Zip Code San Francisco CA 94123		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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary Blegen		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 135 Gardenside Dr Apt 312		<b>Transaction ID:</b> 2221136	
City State Zip Code San Francisco CA 94131		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Professor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1226 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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. Chela Blitt

Mailing Address 1183 Keeler Ave

City State Zip Code  
Berkeley CA 94708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2007

**Transaction ID: 2228133**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Michele H. Bloch

Mailing Address 11708 Rosalinda Dr

City State Zip Code  
Potomac MD 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
National Cancer Institute Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

**Transaction ID: 2227427**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Valerie Block

Mailing Address 50 Glenwood Rd

City State Zip Code  
Montclair NJ 07043

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 ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2007

**Transaction ID: 2229791**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1227 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 Bloom		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 1418 N. Lake Shore Drive Apt. 15		<b>Transaction ID:</b> 2227485
City State Zip Code Chicago IL 60610	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> Mrs. Michael Blumenfeld		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 2317 Westdale Road		<b>Transaction ID:</b> 2228361
City State Zip Code Lawrence KS 66049	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. Karen Blumenthal		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 7 High Point Lane		<b>Transaction ID:</b> 2228580
City State Zip Code Scarsdale NY 10583	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Student Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Policy Advocate Aggregate Year-to-Date ▼ 350.00	

<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 1228 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Billie M. Bobbitt		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 3003 Cisco Road W14		<b>Transaction ID:</b> 2224839
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Walt S. Bobo		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 5610 Saint Moritz Street		<b>Transaction ID:</b> 2223504
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 prefer not to disclose Occupation Mechanical Engineer		
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. Andrea Bolliger		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 4415 SW Othello Street		<b>Transaction ID:</b> 2223305
City State Zip Code Seattle WA 98136	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Student		
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 1229 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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. Victor Bollman		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 15735 N.E. Browndale Farm Road		<b>Transaction ID:</b> 2228073
City Aurora State OR Zip Code 97002	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.</b> Ms. Cecilia Boone		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 6522 Belmead		<b>Transaction ID:</b> 2229573
City Dallas State TX Zip Code 75230	Amount of Each Receipt this Period 1300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer none	Occupation community activist	
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> Ms. Karen J. Bopp		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 6505 Lily Dhu Lane		<b>Transaction ID:</b> 2224549
City Falls Church State VA Zip Code 22044	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 Attorney	
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) ..... ▶	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 1230 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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. Bopp		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 6505 Lily Dhu Lane		<b>Transaction ID:</b> 2231303
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		
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 ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Karen J. Bopp		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 6505 Lily Dhu Lane		<b>Transaction ID:</b> 2231218
City State Zip Code Falls Church VA 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 ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Karen J. Bopp		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 6505 Lily Dhu Lane		<b>Transaction ID:</b> 2231214
City State Zip Code Falls Church VA 22044	Amount of Each Receipt this Period 300.00	
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 ▼ 650.00	

<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 1231 / 2428  
(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. Drucy S. Borowitz

Mailing Address 50 Dauphin Drive

City State Zip Code  
Williamsville NY 14221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Childrens Hosp./Buffalo Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 750.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	1	/	2	0	0	7

**Transaction ID:** 2219227

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kay W. Bosselman

Mailing Address 2715 Woodbine Ave

City State Zip Code  
Evanston IL 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	3	/	2	0	0	7

**Transaction ID:** 2223410

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Margaret B. Boverman

Mailing Address 14809 Pennfield Cir Apt 201

City State Zip Code  
Silver Spring MD 20906

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
0	3	/	0	8	/	2	0	0	7

**Transaction ID:** 2222063

Amount of Each Receipt this Period  
100.00

**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 1232 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. LaMerle Boyd		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address P.O. Box 645		<b>Transaction ID:</b> 2223767	
City State Zip Code Santa Fe NM 87504		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer LandAmerica Capitol City Title Occupation Attorney			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. LaMerle Boyd		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address P.O. Box 645		<b>Transaction ID:</b> 2228698	
City State Zip Code Santa Fe NM 87504		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer LandAmerica Capitol City Title Occupation Attorney			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Mary O. Boyle		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 13605 Shaker		<b>Transaction ID:</b> 2221022	
City State Zip Code Cleveland OH 44120		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer MHMC Occupation RN			
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) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1233 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 E Boynton		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 3945 N. Harcourt Place		<b>Transaction ID:</b> 2231203	
City State Zip Code Milwaukee WI 53211	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Law Office of Jacqueline Boynton	Occupation Attorney		
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. Robin M. Brand		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 42 Bates St., NW		<b>Transaction ID:</b> 2227311	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Gill Action	Occupation COO		
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. Donna Brasley		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 37 W. 72 Street # 16E		<b>Transaction ID:</b> 2226781	
City State Zip Code New York NY 10023	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 ▼ 255.00		

<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:	PAGE 1234 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 Bratone		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 76 Mt. Tom Road		<b>Transaction ID:</b> 2220972
City State Zip Code Pelham NY 10803	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>B.</b> Ms. Joan Brennan		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 398 Steele Street		<b>Transaction ID:</b> 2230955
City State Zip Code Denver CO 80206	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> Dr. Herbert R Brinberg		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 115 East 87th Street, # 14B		<b>Transaction ID:</b> 2219460
City State Zip Code New York NY 10128	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 Consultant Aggregate Year-to-Date ▼ 2000.00	

<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 1235 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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. Harriet B. Brittain		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 135 Warren Road		<b>Transaction ID:</b> 2219297	
City Ithaca	State NY	Amount of Each Receipt this Period 250.00	
Zip Code 14850		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Harriet B. Brittain		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 135 Warren Road		<b>Transaction ID:</b> 2228868	
City Ithaca	State NY	Amount of Each Receipt this Period 500.00	
Zip Code 14850		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer		Occupation Retired	
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. Mary Lou Brown		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 139 Via Baja		<b>Transaction ID:</b> 2227609	
City Ventura	State CA	Amount of Each Receipt this Period 100.00	
Zip Code 93003		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	
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) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	850.00

**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 1236 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Peter Hoyt Brown		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 2136 Kipling Street		<b>Transaction ID:</b> 2229618	
City State Zip Code Houston TX 77098	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Peter H Brown & Assoc.	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. Joan K Bruchas		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 2225 Bolsover Road		<b>Transaction ID:</b> 2224441	
City State Zip Code Houston TX 77005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Psychotherapy Consultants, Inc.	Occupation Psychologist		
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>C.</b> Dr. Dorothy W. Bryan		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 100 Howard Park Drive		<b>Transaction ID:</b> 2224486	
City State Zip Code Tenafly NJ 07670	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Jersey City Medical Center	Occupation Physician		
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) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input 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. Dorothy W. Bryan		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 100 Howard Park Drive		<b>Transaction ID:</b> 2230419	
City State Zip Code Tenafly NJ 07670	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Jersey City Medical Center	Occupation Physician		
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. Bree Buchanan		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1510 Edgewood Ave.		<b>Transaction ID:</b> 2224597	
City State Zip Code Austin TX 78722	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Univ. of Texas	Occupation lawyer		
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> Dr. M. Elaine Burgess		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address P.O. Box 682		<b>Transaction ID:</b> 2222142	
City State Zip Code Coupeville WA 98239	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Univ. of N. Carolina	Occupation Professor Emertius		
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) ..... ▶	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:	PAGE 1238 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Christa I. Burgoyne		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 2828 Forest Avenue		<b>Transaction ID:</b> 2230219
City State Zip Code Berkeley CA 94705	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. Mary E. Burgwinkle		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address 1785 Sleepy Hollow Lane		<b>Transaction ID:</b> 2221718
City State Zip Code Plainfield NJ 07060	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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Sharon M. Burke		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address 294 Barrington Lane		<b>Transaction ID:</b> 2220810
City State Zip Code Alamo CA 94507	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 ▼ 250.00	

<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 1239 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 J Burke		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 320 Blackfield Drive		<b>Transaction ID:</b> 2231216
City State Zip Code Tiburon CA 94920	Amount of Each Receipt this Period 2000.00	
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 ▼ 3500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Kellye Burke		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 4024 Case Street		<b>Transaction ID:</b> 2229624
City State Zip Code Houston TX 77005	Amount of Each Receipt this Period 300.00	
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Merry L. Burlingham		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 601 W 11th St Apt 216		<b>Transaction ID:</b> 2229800
City State Zip Code Austin TX 78701	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation University of Texas Librarian		
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) ..... ▶	2550.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428
	(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. Annie L. Burns</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 1010 Wisconsin Avenue , NW Suite 800		<b>Transaction ID: 2222411</b>	
City State Zip Code Washington DC 20007		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Greer, Margolis, Mitchell, Burns		Occupation Partner	
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. Dr. Kathleen Burr</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 119 West Street		<b>Transaction ID: 2229076</b>	
City State Zip Code Hebron CT 06248		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self		Occupation Orthodontist	
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. Betty J. Burrows</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 7418 Spring Village Dr Apt 228		<b>Transaction ID: 2226133</b>	
City State Zip Code Springfield VA 22150		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 ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. Verona D. Burton		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 512 Hickory Street		<b>Transaction ID: 2221588</b>	
City State Zip Code Mankato MN 56001	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. Full Name (Last, First, Middle Initial) Mrs. Verona D. Burton		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 512 Hickory Street		<b>Transaction ID: 2220888</b>	
City State Zip Code Mankato MN 56001	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) ▼			

C. Full Name (Last, First, Middle Initial) Ms. Wane Butler		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 795 Newland Court		<b>Transaction ID: 2229357</b>	
City State Zip Code Boulder CO 80303	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 ▼ 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) ..... ▶	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 1242 / 2428  
(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. Pamela Buttery

Mailing Address PO Box 1258  
1553 Riata Road

City State Zip Code  
Pebble Beach CA 93953

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 18 / 2007

Transaction ID: 2224709

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Pamela Buttery

Mailing Address PO Box 1258  
1553 Riata Road

City State Zip Code  
Pebble Beach CA 93953

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 18 / 2007

Transaction ID: 2224710

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Patricia J. Cabe

Mailing Address 19332 Evening Hill

City State Zip Code  
Huntington Beach CA 92648

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Piano 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  
03 / 13 / 2007

Transaction ID: 2223425

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1243 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Caldwell</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 6 Waverly Court		<b>Transaction ID: 2229505</b>	
City State Zip Code Houston TX 77005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Community Volunteer		
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. William Calhoun</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 7204 Wellington Drive		<b>Transaction ID: 2222725</b>	
City State Zip Code Knoxville TN 37919	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Donna Callejon</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address PO Box 524		<b>Transaction ID: 2227914</b>	
City State Zip Code Garrett Park MD 20896	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation business developer		
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) ..... ▶	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: (check only one)	PAGE 1244 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Carmen Calzacorta		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 3220 S.W. Gale Avenue		<b>Transaction ID:</b> 2219665
City State Zip Code Portland OR 97239	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Schwabe Williamson & Wyatt	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.</b> Ms. Sharon M Campbell		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 210 34th Avenue East		<b>Transaction ID:</b> 2223668
City State Zip Code Seattle WA 98112	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Art Dealer	
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. Patricia B Campbell		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 80 Lakeside Dr		<b>Transaction ID:</b> 2223010
City State Zip Code Groton MA 01450	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1245 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<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 Carliner</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 2941 Chesapeake Street, NW		<b>Transaction ID: 2228458</b>	
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Carliner & Remes, P.C.	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. Ms. Andrea S. Carlise</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 2835 Johnson Avenue		<b>Transaction ID: 2225680</b>	
City State Zip Code Alameda CA 94501	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Martha Louise Caron</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address PO Box 2386		<b>Transaction ID: 2220616</b>	
City State Zip Code Alameda CA 94501	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 ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1335.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1246 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 W. Carpenter		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 12245 N Antelope Run		<b>Transaction ID:</b> 2220110	
City State Zip Code Prescott AZ 86305	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. Patricia A Carpenter		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 4401 Altura N.E.		<b>Transaction ID:</b> 2222709	
City State Zip Code Albuquerque NM 87110	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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Minnie J. Carson		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 12440 Rivercrest Drive		<b>Transaction ID:</b> 2222010	
City State Zip Code Little Rock AR 72212	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 ▼ 1650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Carson		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 3153 N 17th Street		<b>Transaction ID:</b> 2230425
City State Zip Code Arlington VA 22201	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dept. of Defense, US Marine Corps	Occupation Program Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sally Carson		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 3153 N 17th Street		<b>Transaction ID:</b> 2230479
City State Zip Code Arlington VA 22201	Amount of Each Receipt this Period 135.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dept. of Defense, US Marine Corps	Occupation Program Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Kevin A. Cartwright		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 1022 Chestnut Street		<b>Transaction ID:</b> 2219661
City State Zip Code San Francisco CA 94109	Amount of Each Receipt this Period 1000.00	
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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1235.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1248 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Sean Cartwright		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 2800 Wisconsin Avenue, NW #903		<b>Transaction ID:</b> 2219937
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Kennedy Communications	Occupation Political Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Louise Britt Carvey		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 3601 Overton Park Drive East		<b>Transaction ID:</b> 2222150
City State Zip Code Fort Worth TX 76109	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 ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Katherine A. Castor		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 3012 Harbor View Avenue		<b>Transaction ID:</b> 2225168
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 ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1035.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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 Chambers		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 2419 Fox Meadow Circle		<b>Transaction ID:</b> 2221908	
City State Zip Code Northfield IL 60093	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>B.</b> Full Name (Last, First, Middle Initial) Ms. Marguerite Chandler		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address P.O. Box 250 707 East Lake Drive		<b>Transaction ID:</b> 2223852	
City State Zip Code Cape May Point NJ 08212	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Business Executive	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. Rachel Chanoff		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 130 Jane Street #5S		<b>Transaction ID:</b> 2225157	
City State Zip Code New York NY 10004	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Art and Film Administrator	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) ..... ▶	585.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1250 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<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 G Chapin</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 829 Gonzales Road		<b>Transaction ID: 2228114</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>B. Mrs. Zora Charles</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 283 Las Entradas Drive		<b>Transaction ID: 2228442</b>
City State Zip Code Santa Barbara CA 93108	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer None Occupation Housewife		
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. Edgar M. Chase</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 9406 Michael Drive		<b>Transaction ID: 2228882</b>
City State Zip Code Clinton MD 20735	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) ..... ▶	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 1251 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 G Cherner		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 30 South Oak Avenue		<b>Transaction ID:</b> 2228182	
City State Zip Code San Anselmo CA 94960	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) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Harvey L. Chernoff		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 251 St. Paul Street		<b>Transaction ID:</b> 2230740	
City State Zip Code Brookline MA 02446	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>C.</b> Ms. Gail W. Chester		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 24 Mill Road		<b>Transaction ID:</b> 2230322	
City State Zip Code Matawan NJ 07747	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Middlesex Co. Legal Svcs. Attorney	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) ..... ▶	5700.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 03 / 20 / 2007
Mailing Address 2853 Ontario Road NW Apt. 101		<b>Transaction ID:</b> 2228418
City Washington State DC Zip Code 20009	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
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> Ms. Marilee Chinnici-Zuercher		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 6043 Glenbarr Place		<b>Transaction ID:</b> 2225114
City Dublin State OH Zip Code 43017	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 FIRSTLINK	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Robert Clark		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 4319 86th Avenue SE		<b>Transaction ID:</b> 2222138
City Mercer Island State WA Zip Code 98040	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 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) ..... ▶	735.00
<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 1253 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Bonnie R Clendenning		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2007
Mailing Address 23 Blake Street		<b>Transaction ID:</b> 2220429
City State Zip Code Newton MA 02460	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Archaeological Institute	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Laura Clyburn		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 3109 Locke Lane		<b>Transaction ID:</b> 2229709
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 Southwest Bank of TX	Occupation Banker	
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. Eugene C. Coan		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address 241 Lake Ave W.		<b>Transaction ID:</b> 2220753
City State Zip Code Kirkland WA 98033	Amount of Each Receipt this Period 250.00	
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 M. Codispoti		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 14545 Manuella Road		<b>Transaction ID:</b> 2221837	
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 Self Occupation Consultant	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Mary Coffey		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 2497 Lewis Drive		<b>Transaction ID:</b> 2222289	
City State Zip Code Carson City NV 89701	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) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary Coffey		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 2497 Lewis Drive		<b>Transaction ID:</b> 2224176	
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	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 1255 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 Coffin		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 2904 Accomac Street		<b>Transaction ID:</b> 2221390
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 Wm. Mercer 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. Violet B. Coffin		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address P.O. Box 60		<b>Transaction ID:</b> 2222013
City State Zip Code Strafford VT 05072	Amount of Each Receipt this Period 1300.00	
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. Doloris C. Cogan		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 1616 N. Bay Drive		<b>Transaction ID:</b> 2225762
City State Zip Code Elkhart IN 46514	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 ▼ 249.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1583.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1256 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 Hart Cogan		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 77 Tisquantum Road Morris Island, PO Box 694		<b>Transaction ID:</b> 2221627
City Chatham State MA Zip Code 02633	Amount of Each Receipt this Period 1300.00	
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 ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Mary E Cogswell		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 1931 Mercedes Court		<b>Transaction ID:</b> 2222200
City Atlanta State GA Zip Code 30345	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Federal Government	Occupation Doctor	
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. Evelyn Cohan		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 19333 W Country Club Dr Apt 2102		<b>Transaction ID:</b> 2230311
City Aventura State FL Zip Code 33180	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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2550.00
<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 1257 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Fay G. Cohen		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 15 Cottonwood Road		<b>Transaction ID:</b> 2223346
City State Zip Code Newton MA 02459	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Comm. of MA	Occupation Legislative Aide	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Suzanne F. Cohen		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 2 Wyndhurst Avenue		<b>Transaction ID:</b> 2219681
City State Zip Code Baltimore MD 21210	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Community Leader	
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. Lizabeth A Cohen		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 232 Washington Street		<b>Transaction ID:</b> 2223344
City State Zip Code Belmont MA 02478	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Harvard University	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1258 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 J. Cohen		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 6619 Mercer Street		<b>Transaction ID:</b> 2232011	
City State Zip Code Houston TX 77005	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer City of West University	Occupation Council Member		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Denice M. Colazzo		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 7 Lockwood Road		<b>Transaction ID:</b> 2226583	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Sue L. Colburn		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 236 N Water Street 4th Floor		<b>Transaction ID:</b> 2226993	
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 Achievements Unlimited SC	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	470.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1259 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Charlotte Colhoun		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 1716 Brazo Circle		<b>Transaction ID:</b> 2221554	
City State Zip Code Harlingen TX 78552	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Interior Designer	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. Rhea S Collett		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 425 Dayton Towers Drive #2H		<b>Transaction ID:</b> 2227319	
City State Zip Code Dayton OH 45410	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Dayton VA Medical Center Occupation medical transcriptionist	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. Cathy Collier		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 1098 HCR 4251		<b>Transaction ID:</b> 2226593	
City State Zip Code Hillsboro TX 76645	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hill College Occupation Instructor	Aggregate Year-to-Date ▼ 265.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1165.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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. Eddy Collins		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 4021 Milford Place		<b>Transaction ID:</b> 2219640	
City State Zip Code Norman OK 73072	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Oneok, Inc.	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> Mr. Eddy Collins		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 4021 Milford Place		<b>Transaction ID:</b> 2230605	
City State Zip Code Norman OK 73072	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Oneok, Inc.	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>C.</b> Ms. Zelda Conklin		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 505 Spangler St. NW		<b>Transaction ID:</b> 2229400	
City State Zip Code Orting WA 98360	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 ▼ 350.00		

<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 1261 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Susan Conley		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 4116 Longview Road		<b>Transaction ID:</b> 2220599	
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>			
Name of Employer Self Occupation Physician	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Josephine C. Conlon		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 1026 South Knight Avenue		<b>Transaction ID:</b> 2221633	
City State Zip Code Park Ridge IL 60068	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Charitable Volunteer	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> Ms. Nancy M. Conover		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 1066 Laurel Drive		<b>Transaction ID:</b> 2220827	
City State Zip Code Middletown PA 17057	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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Quarrier B. Cook		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 1085 Camino Manana		<b>Transaction ID:</b> 2230234	
City State Zip Code Santa Fe NM 87501	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 ▼ 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> Mr. Anthony S. Cookson		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 1908 Thayer Avenue		<b>Transaction ID:</b> 2226636	
City State Zip Code Los Angeles CA 90025	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self Writer	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. Ranny Cooper		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 200 E 87TH St Apt 9E		<b>Transaction ID:</b> 2221575	
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Weber Shandick Consultant	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1263 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Cooper		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 334 San Rafael Ave		<b>Transaction ID:</b> 2220430	
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>	Aggregate Year-to-Date 1000.00		
Name of Employer Occupation homemaker	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 Haase Cooper		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 625 East Dilido Drive		<b>Transaction ID:</b> 2223448	
City State Zip Code Miami Beach FL 33139	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date 250.00		
Name of Employer Occupation Financial Advisor	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. Hope A. Copeland		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 540 Alta Ave.		<b>Transaction ID:</b> 2219662	
City State Zip Code Santa Monica CA 90402	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date 2000.00		
Name of Employer Occupation Self Real Estate Broker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<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 1264 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Hope A. Copeland		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 540 Alta Ave.		Transaction ID: 2222742	
City State Zip Code Santa Monica CA 90402	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 Broker		
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> Dr. Laura W. Corman		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 1308 Hardouin Ave		Transaction ID: 2230263	
City State Zip Code Austin TX 78703	Amount of Each Receipt this Period 300.00		
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Marcia Cortese		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 1815 E. Meadowbrook Avenue		Transaction ID: 2221635	
City State Zip Code Phoenix AZ 85016	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Family Therapist		
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) ..... ▶	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:	PAGE 1265 / 2428
	(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. Terry H. Corum

Mailing Address 5810 Woodland Drive

City State Zip Code  
Oxon Hill MD 20745

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  
03 / 12 / 2007

**Transaction ID: 2222728**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Doug Corwon

Mailing Address 3825 Royal Rock Road

City State Zip Code  
Copley OH 44321

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  
03 / 07 / 2007

**Transaction ID: 2220501**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Rhea Coskey

Mailing Address 608 N. Palm Dr.

City State Zip Code  
Beverly Hills CA 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Property Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2007

**Transaction ID: 2222378**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</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 1266 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 F. Cott</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 15 Highland Avenue		<b>Transaction ID: 2220776</b>	
City State Zip Code Cambridge MA 02139	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Yale University	Occupation Professor of History		
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. Mary Lou Courge</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 1905 Princess Street		<b>Transaction ID: 2222483</b>	
City State Zip Code Wilmington NC 28405	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Frances Courtsal</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 1208 Woodland Road		<b>Transaction ID: 2229325</b>	
City State Zip Code Pittsburgh PA 15237	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) ..... ▶	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 1267 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Vicki B. Cox</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 1200 California Street # 22C		<b>Transaction ID: 2229997</b>	
City State Zip Code San Francisco CA 94109	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation 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>B. Ms. V. Susan Cox</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 5880 Fair Isle Drive Apt. 255		<b>Transaction ID: 2219175</b>	
City State Zip Code Riverside CA 92507	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>C. Ms. Connie Cox Price</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 2999 Pacific Avenue		<b>Transaction ID: 2221556</b>	
City State Zip Code San Francisco CA 94115	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Consultant	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) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1268 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Penny Cozad		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 2049A Eagle Avenue		<b>Transaction ID:</b> 2228140
City State Zip Code Alameda CA 94501	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer State of California	Occupation Compliance Officer	
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. Vivian S. Crabtree		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 2661 Tallant Rd Apt MN724		<b>Transaction ID:</b> 2219391
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 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. Susan E. Craig		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 5 Comings Court		<b>Transaction ID:</b> 2229327
City State Zip Code Exeter NH 03833	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) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	750.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1269 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 Cregan		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 206 Shearwater Court W. Apt. 32		<b>Transaction ID:</b> 2223414
City Jersey City	State NJ	
Zip Code 07305	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>B.</b> Mrs. Afton E. Crooks		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 6232 Manoa Street		<b>Transaction ID:</b> 2222992
City Oakland	State CA	
Zip Code 94618	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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Sheila C. Crowell		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 376 N. Fullerton Avenue		<b>Transaction ID:</b> 2229433
City Montclair	State NJ	
Zip Code 07043	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self	Occupation educational writer/consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4600.00	

<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 1270 / 2428  
(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. Sheila C. Crowell

Mailing Address 376 N. Fullerton Avenue

City State Zip Code  
Montclair NJ 07043

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation  
self educational writer/consultant

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 4600.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2007

Transaction ID: 2230224

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Judith E. Crowell

Mailing Address 608 Altara Avenue

City State Zip Code  
Coral Gables FL 33146

FEC ID number of contributing federal political committee. **C**

Name of Employer Advanced Dermatology Management Occupation  
dermatologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2007

Transaction ID: 2226002

Amount of Each Receipt this Period  
80.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Alice Crozier

Mailing Address 350 7th Street, #4D

City State Zip Code  
Hoboken NJ 07030

FEC ID number of contributing federal political committee. **C**

Name of Employer Rutgers Occupation  
Professor

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222843

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 480.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1271 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 F. Crum		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 5075 Westslope Lane		<b>Transaction ID:</b> 2224190	
City State Zip Code La Canada CA 91011	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer L.A. Unified School Dist.	Occupation Dir. of Design & Inspection		
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. Pamela L. Crutchfield		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 161 East Chicago Avenue Apt. 60N1		<b>Transaction ID:</b> 2221589	
City State Zip Code Chicago IL 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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary J Culnan		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 1600 Massachusetts Ave Apt 503		<b>Transaction ID:</b> 2220221	
City State Zip Code Cambridge MA 02138	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bentley College		Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 Curren		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 230 W Laurel Street Ste 705		<b>Transaction ID:</b> 2230110
City State Zip Code San Diego CA 92101	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. Agnes G. Currier		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 304 Flower Avenue W		<b>Transaction ID:</b> 2220996
City State Zip Code Watertown NY 13601	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. Thomas R. Curtis		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 1903 Rolling Hills Avenue SE		<b>Transaction ID:</b> 2225595
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Social Worker Aggregate Year-to-Date ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1335.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1273 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Kyle L Danner		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2007	
Mailing Address 522 Locust Ln #115		Transaction ID: 2220402	
City State Zip Code Kansas City MO 64106	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mail Print, Inc.	Occupation Owner/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.</b> Dr. Mona J.E. Danner		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 6126 Myrtle Park		Transaction ID: 2220322	
City State Zip Code Norfolk VA 23508	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Old Dominion University	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Gina Danner		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 8300 NE Underground Drive		Transaction ID: 2224756	
City State Zip Code Kansas City MO 64161	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mail, Print Inc	Occupation Owner		
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) ..... ▶	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 1274 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Danowitz		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 2760 Bon Haven Lane		<b>Transaction ID:</b> 2224423	
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 National Environmental Trust	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.</b> Mrs. Sheila K Davidson		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 2150 Mission Ridge Rd.		<b>Transaction ID:</b> 2226294	
City State Zip Code Santa Barbara CA 92103	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 ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Kristin A. Davidson		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 2525 Pine Street		<b>Transaction ID:</b> 2231215	
City State Zip Code Philadelphia PA 19103	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 University administration		
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) ..... ▶	585.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1275 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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. Anita J.B. Davis		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 1105 Lakeview Drive		<b>Transaction ID:</b> 2223486
City Hillsborough State CA Zip Code 94010	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 Homemaker Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Judy Tobias Davis		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 120 Central Park S Apt. 5ABC		<b>Transaction ID:</b> 2229312
City New York State NY Zip Code 10019	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 CONSULTANT Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Henrietta Davis		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 3804 Greenbrier Lane		<b>Transaction ID:</b> 2219847
City Mercer Island State WA Zip Code 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 Retired Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1276 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Jack Davis</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 618 Ivy Street		<b>Transaction ID: 2223098</b>	
City State Zip Code Carson City NV 89703	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. Minnie Dean</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 112 2nd Street		<b>Transaction ID: 2225498</b>	
City State Zip Code Radford VA 24141	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 ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Alice M. Dear</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 400 W. 149th Street, Apt. 2		<b>Transaction ID: 2225231</b>	
City State Zip Code New York NY 10031	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 Business Consultant Aggregate Year-to-Date ▼ 255.00		

<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 1277 / 2428  
(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 Debs

Mailing Address 1 Beekman Place # 7A

City State Zip Code  
New York NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2007

**Transaction ID: 2229841**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. M. Quinn Delaney

Mailing Address 436 14TH St Ste 1417

City State Zip Code  
Oakland CA 94612

FEC ID number of contributing federal political committee. **C**

Name of Employer Akonadi Foundation Occupation foundation director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2007

**Transaction ID: 2228838**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Janice G. Dennis

Mailing Address 7 Willowbrook Lane

City State Zip Code  
Egg Harbor Townshp NJ 08234

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  
03 / 14 / 2007

**Transaction ID: 2223723**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5350.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 B. Dennison		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 1141 Briarcroft Rd.		<b>Transaction ID:</b> 2220403
City State Zip Code Claremont CA 91711	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>B.</b> Mrs. Jeanne B. Denton-Nelson		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 5177 Lower Honoapiilani Road		<b>Transaction ID:</b> 2219309
City State Zip Code Lahaina HI 96761	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>C.</b> Ms. Johanna Destefano		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address 3511 Rue De Fleur		<b>Transaction ID:</b> 2220495
City State Zip Code Columbus OH 43221	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) ..... ▶	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 1279 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Rita Deutsch		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 7971 SW 89th Street		<b>Transaction ID:</b> 2230331	
City State Zip Code Miami FL 33156	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer U of Miami	Occupation Associate Dean		
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. Virginia M Diamond		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 4779 Gainsborough Dr		<b>Transaction ID:</b> 2226831	
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 ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Florence C. Dietz		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 55 Laguna Way		<b>Transaction ID:</b> 2230055	
City State Zip Code Hot Springs AR 71909	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Lifeguard	Occupation Hot Sp Village POA		
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) ..... ▶	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: (check only one)	PAGE 1280 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Joann Difede		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 1161 York Avenue, Apt 3J		<b>Transaction ID:</b> 2221492	
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 Well Medical College	Occupation Psychologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Dorothy R. Dillon		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 5809 MacArthur Blvd NW		<b>Transaction ID:</b> 2230351	
City State Zip Code Washington DC 20016	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. Jill Dinwiddie		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 435 S. Tryon St. #606 The Ratcliffe		<b>Transaction ID:</b> 2220422	
City State Zip Code Charlotte NC 28202	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 ▼ 1300.00		

<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 1281 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 B. Dixon		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2007	
Mailing Address 706 S. Halliburton		<b>Transaction ID:</b> 2220432	
City State Zip Code Kirksville MO 63501	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Truman State University	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. Lisa M. Donnan		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 38559 Ditchling Place		<b>Transaction ID:</b> 2220464	
City State Zip Code Hamilton VA 20158	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 ▼ 1300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Maura T Dougherty		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 425 D Street SE # 405		<b>Transaction ID:</b> 2219939	
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Envision Communications Inc.	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) ..... ▶	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: (check only one)	PAGE 1282 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Chris Douglas		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 2630 58th Street SW		<b>Transaction ID:</b> 2220044	
City State Zip Code Everett WA 98203	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PCSC	Occupation 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.</b> Ms. Eleanor Doyle		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 3717 Swallow Tail Drive		<b>Transaction ID:</b> 2230315	
City State Zip Code Morgantown WV 26508	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>C.</b> Ms. Diane B. Drayson		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 3750 Tremont Lane		<b>Transaction ID:</b> 2224430	
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 ▼ 650.00		

<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 1283 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 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 Self Occupation  
Self Psychotherapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

**Transaction ID: 2224429**

Amount of Each Receipt this Period  
250.00

**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 Self Occupation  
Self Psychotherapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2007

**Transaction ID: 2227968**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lucinda Dudley

Mailing Address 10 Bray Wood Road

City State Zip Code  
Williamsburg VA 23185

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2007

**Transaction ID: 2220080**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</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 1284 / 2428  
(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. Heidi Dugan

Mailing Address 2735 Arbuckle Street

City State Zip Code  
Houston TX 77005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Greenwood King Realtor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2007

**Transaction ID: 2229650**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Marion Dugan

Mailing Address 34 Fort Defiance Hill Road

City State Zip Code  
Garrison NY 10524

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  
03 / 08 / 2007

**Transaction ID: 2220384**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Catherine N Dunlap

Mailing Address 220 W Calle Montana Jack

City State Zip Code  
Green Valley AZ 85614

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  
03 / 20 / 2007

**Transaction ID: 2228356**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1285 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Anita B. Dunn		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 4413 Stanford Street		<b>Transaction ID:</b> 2222408	
City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation REQUESTED	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>B.</b> Ms. Mary H. DuPree		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 320 N. Adams		<b>Transaction ID:</b> 2223642	
City State Zip Code Moscow ID 83843	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) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Annette M. Dwyer		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 20221 83rd Place NE		<b>Transaction ID:</b> 2224254	
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 Occupation Homemaker	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) ..... ▶	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: (check only one)	PAGE 1286 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Harriet Earnest		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 112 Blooms Corners Road		<b>Transaction ID:</b> 2222706	
City State Zip Code Warwick NY 10990	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation CPA	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. Barbara S Earnest		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 6 Forest Dale Drive		<b>Transaction ID:</b> 2224932	
City State Zip Code Morristown NJ 07960	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	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>C.</b> Ms. Barbara S Earnest		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 6 Forest Dale Drive		<b>Transaction ID:</b> 2230264	
City State Zip Code Morristown NJ 07960	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 ▼ 290.00		
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 1287 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 L. Eckels		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 1056 Tithing View Ct		<b>Transaction ID:</b> 2227537
City State Zip Code Riverton UT 84065	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	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Randi D. Eckstein		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007
Mailing Address 850 Minnesota Avenue # 110		<b>Transaction ID:</b> 2220396
City State Zip Code San Jose CA 95125	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self Occupation Programmer		
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. Diane L Edge		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 1062 Myrtle Way		<b>Transaction ID:</b> 2228123
City State Zip Code San Diego CA 92103	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Occupation DDS		
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) ..... ▶	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 1288 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Street

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 ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 2228480

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen Edwards

Mailing Address 1907 Taylor Avenue N Apt. 6

City Seattle State WA Zip Code 98109

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2007

Transaction ID: 2229285

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Laura B. Edwards

Mailing Address 406 West Patterson Place

City Chapel Hill State NC Zip Code 27516

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Video/Film Producer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 2228262

Amount of Each Receipt this Period  
300.00

<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: (check only one)	PAGE 1289 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Egger		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 22 Coniston Ct		<b>Transaction ID:</b> 2231117	
City Princeton	State NJ	Amount of Each Receipt this Period 1000.00	
Zip Code 08540			
FEC ID number of contributing federal political committee. C			
Name of Employer UMDNJ - RWJMS	Occupation Neurobiologist		
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. Jane E. Eisenberg		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 62 Walnut Hill Road		<b>Transaction ID:</b> 2220394	
City Chestnut Hill	State MA	Amount of Each Receipt this Period 1000.00	
Zip Code 02467			
FEC ID number of contributing federal political committee. C			
Name of Employer Cisco Systems	Occupation Marketing Manager		
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. Gail Carver Eisenberger		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 240 Kala Heights Drive		<b>Transaction ID:</b> 2223441	
City Port Townsend	State WA	Amount of Each Receipt this Period 2500.00	
Zip Code 98368			
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Kerry Ellett Mailing Address P.O. Box 1265 City State Zip Code Germantown MD 20875 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007 <b>Transaction ID: 2221128</b> Amount of Each Receipt this Period 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 ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Ramona D. Elliott Mailing Address 5409 Lambeth Road City State Zip Code Bethesda MD 20814 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2227432</b> Amount of Each Receipt this Period 250.00
Name of Employer Occupation Federal Trade Comm Attorney 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) Mr. Grenville Temple Emmet Mailing Address 40040 Little Oatlands Ln. City State Zip Code Leesburg VA 20175 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007 <b>Transaction ID: 2223520</b> Amount of Each Receipt this Period 1000.00
Name of Employer Occupation Emmet Broadcasting Co. Broadcaster 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) .....	▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1291 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Belinda Engelmann		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 265 High Branch Way		<b>Transaction ID:</b> 2221404
City State Zip Code Roswell GA 30075	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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Elizabeth S. English		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 1 Island Drive, Unit 20		<b>Transaction ID:</b> 2219892
City State Zip Code Norwalk CT 06855	Amount of Each Receipt this Period 300.00	
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 ▼ 2800.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Suzanne V. Engman		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 2919 SW 30th Street		<b>Transaction ID:</b> 2222094
City State Zip Code Des Moines IA 50321	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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1292 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 F. Epstein		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 9802 La Jolla Farms Road		<b>Transaction ID:</b> 2222380
City State Zip Code La Jolla CA 92037	Amount of Each Receipt this Period 300.00	
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Lisa Erdberg		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address 164 Avila Street		<b>Transaction ID:</b> 2221813
City State Zip Code San Francisco CA 94123	Amount of Each Receipt this Period 1500.00	
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 ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Cynthia Ersher		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007
Mailing Address 1312 Paseo Alamos		<b>Transaction ID:</b> 2222726
City State Zip Code San Dimas CA 91773	Amount of Each Receipt this Period 250.00	
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 ▼ 500.00	

<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 1293 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 03 / 16 / 2007
Mailing Address 624 Wheless Avenue		<b>Transaction ID:</b> 2224436
City State Zip Code Kerrville TX 78028	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 1350.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Stephanie L. Ertel		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 624 Wheless Avenue		<b>Transaction ID:</b> 2231223
City State Zip Code Kerrville TX 78028	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 1350.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Stephanie L. Ertel		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 624 Wheless Avenue		<b>Transaction ID:</b> 2231227
City State Zip Code Kerrville TX 78028	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 1350.00	

<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 1294 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Phyllis Ettinger</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 1175 York Avenue, # 17E		<b>Transaction ID: 2219876</b>	
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 1300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Royal Registry	Occupation Executive		
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. Mr. Samuel Eubanks, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 8310 Croydon Circle		<b>Transaction ID: 2221895</b>	
City State Zip Code Louisville KY 40222	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. Ms. Susan W. Evans</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 17 Irving Place		<b>Transaction ID: 2222050</b>	
City State Zip Code Pelham NY 10803	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Citicorp	Occupation Banker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1295 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Sheldon Evans</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 342 Leggett Road		<b>Transaction ID: 2220310</b>	
City ghent State NY Zip Code 12075	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Real Estate	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. Shirley M. Evans</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 626 Knollwood Village		<b>Transaction ID: 2231048</b>	
City Southern Pines State NC Zip Code 28387	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. Ms. Mary E. Ewing</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 18675 Gibbons Drive		<b>Transaction ID: 2221031</b>	
City Dallas State TX Zip Code 75287	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) ..... ▶	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 1296 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Pat Ewing</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 335 Split Oak Lane		<b>Transaction ID: 228165</b>
City State Zip Code Owings MD 20736	Amount of Each Receipt this Period 1650.00	
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 ▼ 1650.00	Trans to NF 4/12/07

Full Name (Last, First, Middle Initial) <b>B. Mrs. Shelley B Fagel</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 790 E. Gartner Road		<b>Transaction ID: 2222316</b>
City State Zip Code Naperville IL 60540	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer not employed Occupation Volunteer		
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. Shelley B Fagel</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 790 E. Gartner Road		<b>Transaction ID: 2222180</b>
City State Zip Code Naperville IL 60540	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer not employed Occupation Volunteer		
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) ..... ▶	1900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Fallon</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 50 Woodbury Street		<b>Transaction ID: 2226107</b>	
City State Zip Code South Hamilton MA 01982	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 ▼ 255.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Dorothy S Federman</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 36 Rockledge Ln ae		<b>Transaction ID: 2221460</b>	
City State Zip Code Saranac Lake NY 12983	Amount of Each Receipt this Period 150.00		
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>C. Mrs. H. Jack Feibelman</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 11 Baldwin Orchard Drive		<b>Transaction ID: 2227514</b>	
City State Zip Code Cranston RI 02920	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) ..... ▶	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 1298 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. 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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2007

**Transaction ID: 2229828**

Amount of Each Receipt this Period  
250.00

**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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2007

**Transaction ID: 2230046**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Natalina Ferlauto

Mailing Address 109 Babbs Hollow

City State Zip Code  
Greenville SC 29607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2007

**Transaction ID: 2228105**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</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 1299 / 2428
	(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. Louisa Ferree</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 177 Crescent Street		<b>Transaction ID: 2230516</b>	
City State Zip Code Northampton MA 01060	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Archeologist	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. Mr. Larry Fester</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 101 N 7th Street Unit 215		<b>Transaction ID: 2230417</b>	
City State Zip Code Phoenix AZ 85034	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer None Occupation RN	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. Donn Fichter</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 50 Parkwood Street		<b>Transaction ID: 2229319</b>	
City State Zip Code Albany NY 12208	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) ..... ▶	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 1300 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. JoAnn Field		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 6337 Kennett Place		<b>Transaction ID:</b> 2227969	
City State Zip Code Mission KS 66202	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Volunteer	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>B.</b> Mr. Glenn G. Fifarek		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 1100 Hawthorne Hts		<b>Transaction ID:</b> 2223236	
City State Zip Code Greensboro GA 30642	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.</b> Mrs. Katherine R Finberg		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 311 Whittier St NW		<b>Transaction ID:</b> 2219354	
City State Zip Code Washington DC 20012	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation self public health consultant	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) ..... ▶	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: (check only one)	PAGE 1301 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 F Fink		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 3439 Brae Bourn Dr.		<b>Transaction ID:</b> 2221555	
City State Zip Code Huntingdon Valley PA 19006	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Lockheed Martin Corp.	Occupation Aerospace Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Christina Fink		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address P.O. Box 167 Chiang Mai University 50202		<b>Transaction ID:</b> 2222015	
City State Zip Code 00000	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Anthropologist		
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. Katherine Finney		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 615 W. Hortter Street		<b>Transaction ID:</b> 2230337	
City State Zip Code Philadelphia PA 19119	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) ..... ▶	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 1302 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Rosalie Fisher		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 1405 Fuerte Heights Ln		<b>Transaction ID:</b> 2220816	
City State Zip Code El Cajon CA 92019	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Data Science	Occupation Assistant to Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Laura Caplin Fisher		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 44 Broad Brook Road		<b>Transaction ID:</b> 2221353	
City State Zip Code Bedford Hills NY 10507	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>C.</b> Ms. Susan B. Fisher		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address P.O. Box 349 170 West Center Road		<b>Transaction ID:</b> 2231234	
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>			
Name of Employer Museum of Broadcasting	Occupation Executive		
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) ..... ▶	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 1303 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 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. Susan B. Fisher		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address P.O. Box 349 170 West Center Road		<b>Transaction ID:</b> 2231236
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>		
Name of Employer Museum of Broadcasting	Occupation 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>B.</b> Ms. Ruth A. Fisk		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 362 High Plain Road		<b>Transaction ID:</b> 2221516
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>		
Name of Employer New England Medical Center	Occupation Program 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> Ms. Linda Fitz		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address 135 Graystone Terrace		<b>Transaction ID:</b> 2220813
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 Kochis Fitz	Occupation Financial Advisor	
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) ..... ▶	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 1304 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Jan Flapan		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 123 West Oak Street Unit N		<b>Transaction ID:</b> 2223507	
City State Zip Code Chicago IL 60610		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation League of Women Voters Activist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Nancy J Flint		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 1857 NW 93 Way		<b>Transaction ID:</b> 2227225	
City State Zip Code Plantation FL 33322		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Hunton & Williams LLP Attorney			
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. Patricia A. Flynn		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 203 Bluffeove		<b>Transaction ID:</b> 2223715	
City State Zip Code San Antonio TX 78216		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Self Attorney			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1325.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1305 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. W. Foege		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 660 Hunters Ridge Drive		<b>Transaction ID:</b> 2222230	
City State Zip Code Saint Louis MO 63135	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Special School District Teacher	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> Dr. Sharon Foerster		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 1114 west 22nd		<b>Transaction ID:</b> 2228139	
City State Zip Code Austin TX 78705	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Univ. of Texas retired spanish professor	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. Sue Folawn		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1955 Timberlane Way		<b>Transaction ID:</b> 2227487	
City State Zip Code San Mateo CA 94402	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) ▼			

<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 1306 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 03 / 19 / 2007
Mailing Address 295 Red Tail Trail		<b>Transaction ID:</b> 2225280
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 ▼ 1800.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Laura D Ford		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 295 Red Tail Trail		<b>Transaction ID:</b> 2228148
City State Zip Code Evergreen CO 80439	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 ▼ 1800.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Sandy Fortier		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 3265 North Maple Road		<b>Transaction ID:</b> 2221620
City State Zip Code Ann Arbor MI 48105	Amount of Each Receipt this Period 1000.00	
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 ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1307 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 B. Foster		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 107 Liverpool		<b>Transaction ID:</b> 2231023	
City Williamsburg	State VA	Amount of Each Receipt this Period 250.00	
Zip Code 23188			
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>B.</b> Full Name (Last, First, Middle Initial) Ms. Laura Foster		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 14 Suzanne Road		<b>Transaction ID:</b> 2223387	
City Lexington	State MA	Amount of Each Receipt this Period 250.00	
Zip Code 02420			
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>C.</b> Full Name (Last, First, Middle Initial) Ms Bonnie Foxworth		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 2300 Underwood		<b>Transaction ID:</b> 2229631	
City Houston	State TX	Amount of Each Receipt this Period 1000.00	
Zip Code 77030			
FEC ID number of contributing federal political committee. C			
Name of Employer Self		Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1308 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Terry W. Francis		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 23 Foreman Drive		<b>Transaction ID:</b> 2225778	
City State Zip Code Glen Carbon IL 62034	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 ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Ellen L Frankel		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 2817 Ashby Ave.		<b>Transaction ID:</b> 2228126	
City State Zip Code Berkeley CA 94705	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Diane Holt Frankle		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 410 Linfield Drive		<b>Transaction ID:</b> 2222251	
City State Zip Code Menlo Park CA 94025	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer 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) ..... ▶	1335.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<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. Edith Fraser

Mailing Address 2916 32nd St., NW

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Public Affairs Group, Inc. Occupation Public Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2007

**Transaction ID: 2219898**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Edith Fraser

Mailing Address 2916 32nd St., NW

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Public Affairs Group, Inc. Occupation Public Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2007

**Transaction ID: 2222418**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jane Z. Frazer

Mailing Address 433 W. Gillespie Street

City Aspen State CO Zip Code 81611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2007

**Transaction ID: 2223812**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1310 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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 K. Freedman		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 2 Bethel Road		<b>Transaction ID:</b> 2228813	
City State Zip Code Scarsdale NY 10583		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Public Art Fund Arts Adm.			
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. Ralph B. Freidin		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 25 Channel Ctr. Street Unit 1102		<b>Transaction ID:</b> 2219559	
City State Zip Code Boston MA 02210		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Lahey Clinic 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>C.</b> Ms. Barbara J. French		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 741 S Cass Street PO Box 133		<b>Transaction ID:</b> 2229313	
City State Zip Code Virginia IL 62691		Amount of Each Receipt this Period 2000.00	
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) ..... ▶	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: (check only one)	PAGE 1311 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Victor Fresco		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 514 Palisades Avenue		<b>Transaction ID:</b> 2227900	
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 Paramount Pictures	Occupation Writer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Diana Freshwater		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 1915 E. Camino Miraval		<b>Transaction ID:</b> 2228274	
City State Zip Code Tucson AZ 85718	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. Monica Fried		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 4430 Lively Lane		<b>Transaction ID:</b> 2228822	
City State Zip Code Dallas TX 75220	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self		Occupation Volunteer	
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) ..... ▶	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: (check only one)	PAGE 1312 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 h Fried		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 743 Cooksey Lane		<b>Transaction ID:</b> 2222253	
City State Zip Code Stanford CA 94305	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer stanford	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>B.</b> Ms. Janet Nelson Friedell		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 1776 Lakewood Lane		<b>Transaction ID:</b> 2223489	
City State Zip Code Lexington KY 40502	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>C.</b> Ms. Eleanor F Friedman		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 18 Baker Bridge Road		<b>Transaction ID:</b> 2219667	
City State Zip Code Lincoln MA 01773	Amount of Each Receipt this Period 1000.00		
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 ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1313 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 Friedman		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 196 East 75th Street, # 19D		<b>Transaction ID:</b> 2220006	
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 975.00		
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life	Occupation lawyer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Beatrice Friedman		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 900 Blvd of the Arts		<b>Transaction ID:</b> 2224220	
City State Zip Code Sarasota FL 34236	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Michael Frisch		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 56 Clintonville Road		<b>Transaction ID:</b> 2222367	
City State Zip Code Northford CT 06472	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Gaussian, Inc.	Occupation Chemist		
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) ..... ▶	1725.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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 03 / 05 / 2007
Mailing Address 169 East 69th Street, #17-B		<b>Transaction ID:</b> 2221547
City State Zip Code New York NY 10021	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 ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Nancy Fuller		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 6560 Itchy Acres Road		<b>Transaction ID:</b> 2228524
City State Zip Code Granite Bay CA 95746	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation State Park Ranger Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Jane Furth		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 34 Perry Street		<b>Transaction ID:</b> 2229282
City State Zip Code New York NY 10014	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	

<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 1315 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 A. Gaffney		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 590 Concord Avenue		<b>Transaction ID:</b> 2227828
City State Zip Code Williston Park NY 11596	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer columbia university	Occupation physician, professor	
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> Dr. Kathleen A. Gaffney		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 590 Concord Avenue		<b>Transaction ID:</b> 2227829
City State Zip Code Williston Park NY 11596	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 physician, professor	
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> Ms. Linda A. Garvelink		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 804 Ridge Place		<b>Transaction ID:</b> 2230372
City State Zip Code Falls Church VA 22046	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Nat'l Automated Clearing House	Occupation Mgt.	
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) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428
	(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. Catherine E Garzio</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 1427 12th Avenue		<b>Transaction ID: 2221758</b>	
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 University of California	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. Dr. Kristine M Gebbie</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1825 Riverside Drive # 6B		<b>Transaction ID: 2224620</b>	
City State Zip Code New York NY 10034	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Columbia University	Occupation Nursing 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>C. Dr. Carol Georgopoulos</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 1125 Cuatro Cerros Trail SE		<b>Transaction ID: 2224803</b>	
City State Zip Code Albuquerque NM 87123	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) ..... ▶	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 1317 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<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. Carol Georgopoulos</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 1125 Cuatro Cerros Trail SE		<b>Transaction ID: 2228119</b>	
City State Zip Code Albuquerque NM 87123	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 ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Lisa Koteen Gerchick</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 1345 Potomac School Rd.		<b>Transaction ID: 2229417</b>	
City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 850.00		
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>C. Ms. Nancy T Gerlach</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 236 Justin Morrill Highway		<b>Transaction ID: 2219374</b>	
City State Zip Code Strafford VT 05072	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 Painter 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 1318 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input 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 03 / 28 / 2007	
Mailing Address 4537 Deer Run		<b>Transaction ID:</b> 2230602	
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Abby P. Gilmore		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 201 East 62nd Street		<b>Transaction ID:</b> 2224449	
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Southbridge Financial	Occupation Vice President		
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> Dr. Karen Gilmore		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 305 East 18 Street		<b>Transaction ID:</b> 2225184	
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 ▼ 375.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1319 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Laura Ginger</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 2983 Ramble Road West		<b>Transaction ID: 2224918</b>
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 ▼ 310.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Buff B. Given</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 12316 16th Helena Drive		<b>Transaction ID: 2230208</b>
City State Zip Code Los Angeles CA 90049	Amount of Each Receipt this Period 1000.00	
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Sharon Glaser</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 719 N. Linden Drive		<b>Transaction ID: 2222369</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>		
Name of Employer Self	Occupation Group Dynamics	
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) ..... ▶	1270.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1320 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Joan A. Glashow		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 30 Prescott Street		<b>Transaction ID:</b> 2220572	
City State Zip Code Brookline MA 02446	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 ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Fara Gold		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2007	
Mailing Address 5891 Mission Hills St. S.E.		<b>Transaction ID:</b> 2224410	
City State Zip Code Salem OR 97306	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 Vice President of Marketing Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Lesley E. Goldberg		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 822 Greenwich Street, # 2A		<b>Transaction ID:</b> 2224684	
City State Zip Code New York NY 10014	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 Attorney Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1321 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<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 Goldman</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007	
Mailing Address 1630 Sheridan Road, # 4M		<b>Transaction ID: 2219672</b>	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation 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>B. Ms. Frances E. Goldman</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2007	
Mailing Address 3639 Windom Place, N.W.		<b>Transaction ID: 2221814</b>	
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Director of Finance	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. Marsha Goldwater</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007	
Mailing Address 4524 Mossbrook Circle		<b>Transaction ID: 2219417</b>	
City State Zip Code San Jose CA 95130	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Marketing Manager	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) ..... ▶	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 1322 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gary L. Goltra

Mailing Address 10414 Stonebank Street

City State Zip Code  
Bellflower CA 90706

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  
03 / 19 / 2007

Transaction ID: 2227130

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Frances H. Gonzales

Mailing Address 17012 Treviso Way

City State Zip Code  
Naples FL 34110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223505

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Margaret A. Goodman

Mailing Address 1200 Key Drive

City State Zip Code  
Alexandria VA 22302

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  
03 / 06 / 2007

Transaction ID: 2222009

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5450.00</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 1323 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 Goodrich		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 4417 Broadmoor Avenue SE		<b>Transaction ID:</b> 2223360	
City State Zip Code Grand Rapids MI 49512	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> Dr. Richard H. Goodwin		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address P.O. Box 2040		<b>Transaction ID:</b> 2231210	
City State Zip Code Salem CT 06420	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. Sydna H. Gordon		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 1309 Carriage Lane		<b>Transaction ID:</b> 2223506	
City State Zip Code Garland TX 75043	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Attorney	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1324 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Susan G. Gordon

Mailing Address 3 Cooper Morris Drive

City Pomona State NY Zip Code 10970

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2007

**Transaction ID:** 2225242

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Judy E. Gordon

Mailing Address 44 Crestline Road

City Rochester State NY Zip Code 14618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2007

**Transaction ID:** 2221023

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard A Gorr

Mailing Address 50 Glenbrook Road #15E

City Stamford State CT Zip Code 06902

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  
MM / DD / YYYY  
03 / 19 / 2007

**Transaction ID:** 2228135

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1185.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1325 / 2428  
(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. Ruth Gorton

Mailing Address 1281 Gulf of Mexico Drive  
Apt. 508

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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2007

Transaction ID: 2227945

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Harriet Gottlieb

Mailing Address 5110 E Road Runner Road

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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2007

Transaction ID: 2220108

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Reyla Graber

Mailing Address 178 Basinside Way

City State Zip Code  
Alameda CA 94502

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  
03 / 01 / 2007

Transaction ID: 2219246

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1326 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 A. Graham		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 24096 Deep Neck Road Box 87		<b>Transaction ID:</b> 2219550
City State Zip Code Royal Oak MD 21662	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 ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Jan Graham		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address PO Box 936		<b>Transaction ID:</b> 2230912
City State Zip Code Salt Lake City UT 84110	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 REQUESTED Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary R. Granger		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 8 Primrose St.		<b>Transaction ID:</b> 2228392
City State Zip Code Chevy Chase MD 20815	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	

<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 1327 / 2428						
	(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. Deborah Graves</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 1640 Winchester DRive		<b>Transaction ID: 2228490</b>	
City State Zip Code Blue Bell PA 19422	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. Mrs. Mary M Greenebaum</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 2233 Douglass Blvd		<b>Transaction ID: 2220395</b>	
City State Zip Code Louisville KY 40205	Amount of Each Receipt this Period 3500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Producer/Co-Founder	Aggregate Year-to-Date ▼ 3500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ms. Nancy A. Greenlees</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 10505 Lake Williams Drive		<b>Transaction ID: 2220529</b>	
City State Zip Code Odessa FL 33556	Amount of Each Receipt this Period 211.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Business Manager	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) ..... ▶	3961.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Sadjia Greenwood		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address 440 Birch Road PO Box 221		<b>Transaction ID:</b> 2220874
City Bolinas State CA Zip Code 94924	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. Nancy Greenwood		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 486 N State St		<b>Transaction ID:</b> 2225128
City Concord State NH Zip Code 03301	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Nancy Greenwood Smith Insurance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Sales Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Melinda Griffith		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 1977 Gaspar Drive		<b>Transaction ID:</b> 2228178
City Oakland State CA Zip Code 94611	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Roche Molecular Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 1600.00	

<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: (check only one)	PAGE 1329 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Melinda Griffith		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 1977 Gaspar Drive		<b>Transaction ID:</b> 2228179	
City State Zip Code Oakland CA 94611		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Roche Molecular Systems		Occupation Attorney	
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. Melinda Griffith		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 1977 Gaspar Drive		<b>Transaction ID:</b> 2231319	
City State Zip Code Oakland CA 94611		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Roche Molecular Systems		Occupation Attorney	
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) Mr. Clark Griffith		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address PO Box 1976		<b>Transaction ID:</b> 2219852	
City State Zip Code Silverthorne CO 80498		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Vail Resorts Dev Co		Occupation Manager	
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) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Ann Grilli		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 328 Oxford Avenue		<b>Transaction ID:</b> 2221150	
City State Zip Code Palo Alto CA 94306	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Santa Clara County Judge	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. Margaret Grissom		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 120 Martindale Dr.		<b>Transaction ID:</b> 2228821	
City State Zip Code Youngsville NC 27596	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation St. Mary's School Administrator	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. Nancy Grosfeld		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 420 Martell Drive		<b>Transaction ID:</b> 2220983	
City State Zip Code Bloomfield Hills MI 48304	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Homemaker	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) ..... ▶	1850.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<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. Jennifer Gross</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 265 Wyoming Street West		<b>Transaction ID: 2230397</b>
City State Zip Code Saint Paul MN 55107	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 ▼ 2600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Arlene Grubbs</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 21 Briar Cliff Road		<b>Transaction ID: 2228902</b>
City State Zip Code Pittsburgh PA 15202	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. Ms. Judith Grubner</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 1726 Ashland Avenue		<b>Transaction ID: 2229994</b>
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 Attorney	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) ..... ▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Henry Grunebaum Mailing Address 37 Gray Gardens East City State Zip Code Cambridge MA 02138 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007 <b>Transaction ID: 2223815</b> Amount of Each Receipt this Period 250.00
Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Natalie Gubb Mailing Address 78 Fairview Avenue 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 03 / 07 / 2007 <b>Transaction ID: 2220831</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 ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Mildred Gunn Mailing Address 1701 Colonial Lane City State Zip Code Northfield IL 60093 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007 <b>Transaction ID: 2219341</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 ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</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 1333 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 03 / 28 / 2007	
Mailing Address 292 Lake Avenue		<b>Transaction ID:</b> 2230364	
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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Pamela Gwaltney		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2007	
Mailing Address 5104 Brookview Dr.		<b>Transaction ID:</b> 2220455	
City State Zip Code Bethesda MD 20816	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		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ann Marie Habershaw, C.P.A.		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 654 L Street NE		<b>Transaction ID:</b> 2219910	
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer M+R Strategic Services	Occupation COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1334 / 2428						
	(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. Elizabeth L Hacking		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2007	
Mailing Address P.O. Box 811		<b>Transaction ID:</b> 2220117	
City Cataumet	State MA	Zip Code 02534	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Marlene E. Haffner		Date of Receipt M M / D D / Y Y Y Y Y 03 / 12 / 2007	
Mailing Address 11616 Danville Drive		<b>Transaction ID:</b> 2222675	
City Rockville	State MD	Zip Code 20852	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer FDA	Occupation MD		
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. Kristi U Haigh		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007	
Mailing Address 4 Oak Flat Road		<b>Transaction ID:</b> 2223765	
City Orinda	State CA	Zip Code 94563	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. David W Halaby		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 2903 Groveton Street		<b>Transaction ID:</b> 2228145
City State Zip Code Alexandria VA 22306	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Federal Government	Occupation Civil Servant	
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. Robert Hall		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 17671 Irvine Blvd Ste 103		<b>Transaction ID:</b> 2229232
City State Zip Code Tustin CA 92780	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.</b> Ms. Nancy Hall		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address 210 Zelley Avenue		<b>Transaction ID:</b> 2222012
City State Zip Code Moorestown NJ 08057	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 ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1550.00
<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 1336 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Leigh Hallingby		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 408 Forest Avenue		<b>Transaction ID:</b> 2222649	
City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Open Society Inst.	Occupation Librarian		
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. Leigh Hallingby		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 408 Forest Avenue		<b>Transaction ID:</b> 2229038	
City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Open Society Inst.	Occupation Librarian		
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 M Halloran		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 813 Pleasant Hill Road		<b>Transaction ID:</b> 2231150	
City State Zip Code Wallingford PA 19086	Amount of Each Receipt this Period 300.00		
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 ▼ 600.00		

<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 1337 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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. Stephen Halpert

Mailing Address 8004 S.W. 102nd Street

City State Zip Code  
Miami FL 33156

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 Y  
03 / 19 / 2007

Transaction ID: 2225009

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lisa Halvorson

Mailing Address 4109 Caruth Blvd

City State Zip Code  
Dallas TX 75225

FEC ID number of contributing federal political committee. **C**

Name of Employer New England Med Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: 2219948

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Susan C. Hammond

Mailing Address 102 Franklin Street

City State Zip Code  
Duxbury MA 02332

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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 05 / 2007

Transaction ID: 2221406

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1338 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Lucy McLelland Hand		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 3509 E. Bradley Lane		<b>Transaction ID:</b> 2223377	
City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer US House of Representatives	Occupation AA/LD		
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. Gertrude Hankin		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 1250 Greenwood Ave Apt 702		<b>Transaction ID:</b> 2222704	
City State Zip Code Jenkintown PA 19046	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 ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Melinda G Hardin		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 7 Wharf Street		<b>Transaction ID:</b> 2224737	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self		Occupation Various	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00		

<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 1339 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<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. Carol Harding</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 1100 S Hickory Trail		<b>Transaction ID: 2226732</b>	
City State Zip Code Avon Park FL 33825	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 ▼ 255.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. Don Harper</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 2723 4th Avenue W		<b>Transaction ID: 2223665</b>	
City State Zip Code Seattle WA 98119	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation President	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. Ms. Anne R Harris</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2007	
Mailing Address 1423 McLean Mews Ct		<b>Transaction ID: 2220458</b>	
City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Human Resources	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) ..... ▶	735.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1340 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Harris		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 2160 Century Woods Way		<b>Transaction ID:</b> 2221506
City State Zip Code Los Angeles CA 90067	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. Adele Harris		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 3339 Bay Front Drive		<b>Transaction ID:</b> 2230562
City State Zip Code Baldwin NY 11510	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. Leslie Harris		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 5824 Chevy Chase Pky., NW		<b>Transaction ID:</b> 2224199
City State Zip Code Washington DC 20015	Amount of Each Receipt this Period 105.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Leslie Harris & Associates Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	605.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1341 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 T. Hart		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007
Mailing Address 43 Pool Road		<b>Transaction ID:</b> 2222564
City State Zip Code Richards TX 77873	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> Mrs. Nancy G. Harter		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 201 South Glenwood Avenue		<b>Transaction ID:</b> 2224515
City State Zip Code Columbia MO 65203	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 ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Hollister Hartman		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 7708 Random Run Lane Apt. 203		<b>Transaction ID:</b> 2225645
City State Zip Code Falls Church VA 22102	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation VDO Car Communication Engineer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

<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 1342 / 2428  
(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 Hartt-Barbey

Mailing Address Rippleton Road  
P.O. Box 90

City Cazenovia State NY Zip Code 13035

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

**Transaction ID: 2223700**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Grace Hatcher

Mailing Address 3605 Kingman Blvd

City Des Moines State IA Zip Code 50311

FEC ID number of contributing federal political committee. **C**

Name of Employer REQUESTED \_\_\_\_\_ Occupation Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

**Transaction ID: 2231001**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Cammie Hauptfuhrer

Mailing Address 923 Granville Rd

City Charlotte State NC Zip Code 28207

FEC ID number of contributing federal political committee. **C**

Name of Employer None \_\_\_\_\_ Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

**Transaction ID: 2231320**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1343 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<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. David Hayes</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2007	
Mailing Address 740 Ocean Avenue		<b>Transaction ID: 2220818</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. <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. Ava Haymon</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2007	
Mailing Address 672 Nelson Dr		<b>Transaction ID: 2221153</b>	
City State Zip Code Baton Rouge LA 70808		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation BR Arts Council Writer			
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. Thomas W. Head</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address 4469 Admiralty Way Slip 2123		<b>Transaction ID: 2224221</b>	
City State Zip Code Marina Del Rey CA 90292		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <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) ..... ▶	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: (check only one)	PAGE 1344 / 2428		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<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. Eloise K Healy		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 4350 Allott Ave.		<b>Transaction ID:</b> 2221446	
City State Zip Code Sherman Oaks CA 91423	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation writer/educator			
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. Lana Heckenberg		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 14221 Summit Lane		<b>Transaction ID:</b> 2222600	
City State Zip Code Laurel MD 20708	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 ▼ 1350.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Lana Heckenberg		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 14221 Summit Lane		<b>Transaction ID:</b> 2223809	
City State Zip Code Laurel MD 20708	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00		

<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:	PAGE 1345 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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. Steve Hegeman		Date of Receipt M M / D D / Y Y Y Y Y 03 / 19 / 2007
Mailing Address PO Box 367		<b>Transaction ID:</b> 2228162
City State Zip Code Bonita Springs FL 34133	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. Chris Heikkila		Date of Receipt M M / D D / Y Y Y Y Y 03 / 11 / 2007
Mailing Address 2700 Ingleton Lane		<b>Transaction ID:</b> 2220407
City State Zip Code Sacramento CA 95835	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer county of sacramento Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation it manager Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Chris Heikkila		Date of Receipt M M / D D / Y Y Y Y Y 03 / 11 / 2007
Mailing Address 2700 Ingleton Lane		<b>Transaction ID:</b> 2220408
City State Zip Code Sacramento CA 95835	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer county of sacramento Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation it manager Aggregate Year-to-Date ▼ 1300.00	

<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 1346 / 2428  
(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 F. Hemenway

Mailing Address 298 Kendal Drive

City State Zip Code  
Kennet Square PA 19348

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  
03 / 13 / 2007

Transaction ID: 2223487

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Eleanor D. Henderson

Mailing Address 2464 Woodward Way NW

City State Zip Code  
Atlanta GA 30305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 01 / 2007

Transaction ID: 2219352

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Catherine Henley-Erickson

Mailing Address 764 Valpariso Drive

City State Zip Code  
Claremont CA 91711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of La Verne Professor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2007

Transaction ID: 2221505

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1347 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Robin R. Henry		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 139 East 63rd Street		<b>Transaction ID:</b> 2221043
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 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. Virginia J. Heringer		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address 245 San Miguel Road		<b>Transaction ID:</b> 2220626
City State Zip Code Pasadena CA 91105	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Pasadena City College Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Margaret Hermann		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 4626 Slippery Rock		<b>Transaction ID:</b> 2227938
City State Zip Code Manlius NY 13104	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Syracuse University 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) ..... ▶	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 1348 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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. Gloria T. Hern

Mailing Address 7447 Sylmar Avenue

City State Zip Code  
Van Nuys CA 91405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2007

**Transaction ID:** 2221079

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Debra S. Herrmann

Mailing Address 10301 Strathmore Hall Street  
Apt. 405

City State Zip Code  
Rockville MD 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FAA Office of the Chief Tech. Advisor Technical Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2007

**Transaction ID:** 2220105

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. J. W. Hershey

Mailing Address #1 Longbow Lane

City State Zip Code  
Houston TX 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2007

**Transaction ID:** 2229058

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1349 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence E. Hess

Mailing Address 6309 Cypress Point Road

City State Zip Code  
San Diego CA 92120

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lehbro's Limited Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2007

**Transaction ID: 2223495**

Amount of Each Receipt this Period  
1300.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth M. Higashi

Mailing Address 21386 N. Highwood Road

City State Zip Code  
Kildeer IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Financial Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2007

**Transaction ID: 2230387**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Charlotte H. Hill

Mailing Address 1141 East Shore Drive

City State Zip Code  
Silver Lake NH 03875

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2007

**Transaction ID: 2219284**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2550.00</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 1350 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 J Hill		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 25 Joralemon Street Apt. 5		<b>Transaction ID:</b> 2229704	
City State Zip Code Brooklyn NY 11201	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 ▼ 1300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Kimberly B Hill		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 2506 Everett Avenue		<b>Transaction ID:</b> 2230588	
City State Zip Code Raleigh NC 27607	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer State of North Carolina Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Assistant Policy Director Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Joscelyn W. Hill		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 6 Oak Ridge Road		<b>Transaction ID:</b> 2228402	
City State Zip Code Asheville NC 28805	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) ..... ▶	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 1351 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Joyce G. Hilty		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007
Mailing Address 2881 Lagrange Circle		<b>Transaction ID:</b> 2222617
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 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. Dorothy S. Hines		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 23 Wheaton Way		<b>Transaction ID:</b> 2221295
City State Zip Code Water Mill NY 11976	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Homemaker	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. Dorothy S. Hines		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 23 Wheaton Way		<b>Transaction ID:</b> 2228483
City State Zip Code Water Mill NY 11976	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 ▼ 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) ..... ▶	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 1352 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 C. Hipsh		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 12809 Cedar St.		<b>Transaction ID:</b> 2230183	
City State Zip Code Leawood KS 66209	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
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> Ms. Kathryn Hirsch		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 17 Stratton Road		<b>Transaction ID:</b> 2224454	
City State Zip Code Scarsdale NY 10583	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. John Hirschi		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 3305 Buchanan		<b>Transaction ID:</b> 2229983	
City State Zip Code Wichita Falls TX 76308	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Real Estate	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) ..... ▶	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: (check only one)	PAGE 1353 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Ernest Hodas		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 35 Harlan Drive		<b>Transaction ID:</b> 2230415	
City Bloomfield	State MI	Amount of Each Receipt this Period 1000.00	
Zip Code 48304		FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Gail T Hodges		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 1014 Michigan Avenue		<b>Transaction ID:</b> 2230416	
City Evanston	State IL	Amount of Each Receipt this Period 1000.00	
Zip Code 60202		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>C.</b> Ms. Emily M Hodges		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 625 10th Ave		<b>Transaction ID:</b> 2230220	
City Dayton	State KY	Amount of Each Receipt this Period 250.00	
Zip Code 41074		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) ..... ▶	2250.00
<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 1354 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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. Cornelia Hodgson

Mailing Address 23511 Chagrin Boulevard

City State Zip Code  
Beachwood OH 44122

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Architect

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

**Transaction ID: 2230936**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susan J. Hoekenga

Mailing Address 763 Sunset Cliffs Blvd

City State Zip Code  
San Diego CA 92107

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  
03 / 05 / 2007

**Transaction ID: 2221603**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Adeline P. Hofer

Mailing Address 161 East 80th Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Psychoanalyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2007

**Transaction ID: 2228820**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1355 / 2428
	(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> Mrs. Sally H. Hollaman		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 7 Riverwoods Drive Unit P219		<b>Transaction ID:</b> 2228345	
City Exeter	State NH	Amount of Each Receipt this Period 250.00	
Zip Code 03833			
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. Lee Hooker		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 55 Spring Lane		<b>Transaction ID:</b> 2224435	
City Tiburon	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 94920			
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Thomas Hooton		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 425 Bianca Avenue		<b>Transaction ID:</b> 2220939	
City Miami	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 33146			
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) ..... ▶	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 1356 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<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. Melody Howe Weintraub</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 3903 Happy Valley Road		<b>Transaction ID: 2229243</b>	
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 Winning Results, 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. Dr. Julie R Howell</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1414 22nd St., NW #56		<b>Transaction ID: 2224508</b>	
City State Zip Code Washington DC 20037	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Health care 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. Dr. Mahendra S. Hundal</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address via Fabbrica # 31		<b>Transaction ID: 2228164</b>	
City State Zip Code Mercatale VP FI 50024	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) ..... ▶	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 1357 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Elinor Green Hunter</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 4205 Military Road NW		<b>Transaction ID: 2222901</b>	
City State Zip Code Washington DC 20015	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 ▼ 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. Mr. Rudolph Hurwich</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 2608 Ninth Street		<b>Transaction ID: 2229087</b>	
City State Zip Code Berkeley CA 94710	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Self Mgmt Counselor	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. Ms. George Ann Hyams</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 627 San Lorenzo Street		<b>Transaction ID: 2224440</b>	
City State Zip Code Santa Monica CA 90402	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation George Spofa Productions,- Inc. Producer	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) ..... ▶	2950.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428  
(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)  
Lee Hydeman  
 Mailing Address P.O. Box 623  
 City State Zip Code  
 Sonoita AZ 85637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 01 / 2007  
**Transaction ID: 2219675**  
 Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Chris Stern Hyman  
 Mailing Address 998 Fifth Avenue  
 City State Zip Code  
 New York NY 10028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NY State Dept. of Health Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 21 / 2007  
**Transaction ID: 2228819**  
 Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Velda M Ishizaki  
 Mailing Address 513 2nd St  
 City State Zip Code  
 Manhattan Bch CA 90266  
 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 ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2007  
**Transaction ID: 2222572**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1359 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Ward Jackson		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 4052 S Kentwood Ave		<b>Transaction ID:</b> 2225795
City State Zip Code Springfield MO 65804	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	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sandra G. Jackson		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 5200 Pocohontas Street		<b>Transaction ID:</b> 2224516
City State Zip Code Bellaire TX 77401	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Self Psychotherapist		
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. Louise C. Jaffe		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 1121 Grant Street		<b>Transaction ID:</b> 2227539
City State Zip Code Santa Monica CA 90405	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation 20th Century Fox Script Supervisor		
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 1360 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Cornelia D. Jahncke		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 125 W. Lyon Farm Drive		<b>Transaction ID:</b> 2219867
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 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. Beth Sipple Janick		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 3923 Hemmingway Dr		<b>Transaction ID:</b> 2221275
City State Zip Code Okemos MI 48864	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 Psychotherapist Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Lynn M. Jarke		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 7 Spring Lane		<b>Transaction ID:</b> 2231025
City State Zip Code Chadds Ford PA 19317	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Agilent Technologies, Inc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation General Management Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1361 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sheila Jefferson		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 10634 Holman Avenue, # 4		<b>Transaction ID:</b> 2224579	
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 Hookstratten & Hookstratten		Occupation Business 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.</b> Ms. Mary Ellen Johnson		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 1040 5th Avenue, Apt. 5A		<b>Transaction ID:</b> 2230597	
City State Zip Code New York NY 10028		Amount of Each Receipt this Period 600.00	
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.</b> Ms. Alwyn N. Johnson		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 4601 Rue Belle Mer		<b>Transaction ID:</b> 2220452	
City State Zip Code Sanibel FL 33957		Amount of Each Receipt this Period 50.00	
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 ▼ 675.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1362 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Alwyn N. Johnson		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 4601 Rue Belle Mer		<b>Transaction ID:</b> 2224699	
City State Zip Code Sanibel FL 33957	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Homemaker	Aggregate Year-to-Date ▼ 675.00		
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. Alwyn N. Johnson		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 4601 Rue Belle Mer		<b>Transaction ID:</b> 2228189	
City State Zip Code Sanibel FL 33957	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Homemaker	Aggregate Year-to-Date ▼ 675.00		
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. Alwyn N. Johnson		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 4601 Rue Belle Mer		<b>Transaction ID:</b> 2229469	
City State Zip Code Sanibel FL 33957	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Homemaker	Aggregate Year-to-Date ▼ 675.00		
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 1363 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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. Alwyn N. Johnson		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 4601 Rue Belle Mer		<b>Transaction ID:</b> 2230114	
City State Zip Code Sanibel FL 33957		Amount of Each Receipt this Period 100.00	
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 ▼ 675.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Alwyn N. Johnson		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 4601 Rue Belle Mer		<b>Transaction ID:</b> 2230843	
City State Zip Code Sanibel FL 33957		Amount of Each Receipt this Period 25.00	
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 ▼ 675.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Linda J Johnson		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 5000 Montrose Blvd. #13G		<b>Transaction ID:</b> 2227368	
City State Zip Code Houston TX 77006		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 ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	425.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1364 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sara Jane Johnson		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address P.O. Box 323		<b>Transaction ID:</b> 2221158	
City Orcas	State WA	Zip Code 98280	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Judith K. Jones		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 400 Madison Street, # 181		<b>Transaction ID:</b> 2228053	
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Degge Group Ltd. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Business Owner Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Susan Jones		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 47-682 7 Hui Kelu		<b>Transaction ID:</b> 2223912	
City Kaneohe	State HI	Zip Code 96744	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Non-profit Consultant Aggregate Year-to-Date ▼ 550.00		

<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 1365 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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 R. Jones		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 600 S. Dixie Hwy # 223		<b>Transaction ID:</b> 2230658	
City West Palm Beach	State FL	Zip Code 33401	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 ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Hilda P. Jones		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address PO Box 57		<b>Transaction ID:</b> 2221595	
City Williamsburg	State MO	Zip Code 63388	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Maryanne J Joyce		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 142 Nyac Avenue		<b>Transaction ID:</b> 2224818	
City Pelham	State NY	Zip Code 10803	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Isn'y	Occupation atty		
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) ..... ▶	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 1366 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Barry I Judis		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 4201 Hayvenhurst Dr		<b>Transaction ID:</b> 2224719
City State Zip Code Encino CA 91436	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer All California Funding	Occupation Mortgage Broker	
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. Dona S. Kahn		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 43 W 61 Street #25U		<b>Transaction ID:</b> 2221480
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Anderson Kill Olick & Oshinsky	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>C.</b> Ms. Glad Kaletta		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 4730 W 77th Street		<b>Transaction ID:</b> 2225368
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	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) ..... ▶	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 1367 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Elma L. Kanefield		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 150 Columbus Avenue Apt. 24D		<b>Transaction ID:</b> 2220940	
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 Self	Occupation Psychotherapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Judith L. Kanter		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 267 Paseo Bernal		<b>Transaction ID:</b> 2230652	
City State Zip Code Moraga CA 94556	Amount of Each Receipt this Period 1300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer EMILY's List	Occupation Majority Council Coordinator		
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> Ms. Margaret Karbeling		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 335 Juliana Court		<b>Transaction ID:</b> 2220797	
City State Zip Code Pork City IA 50226	Amount of Each Receipt this Period 120.00		
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 ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1670.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Marvin Karno		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 4836 Oak Park Avenue		Transaction ID: 2224843	
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Marilyn H. Karsten		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 10580 Wilshire Boulevard #66		Transaction ID: 2223766	
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 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. Mary Ellen Kasdan		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 9220 Sunset Boulevard Suite 108		Transaction ID: 2220091	
City State Zip Code West Hollywood CA 90069	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MK Films Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Film Production Aggregate Year-to-Date ▼ 1000.00		

<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 1369 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input 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. Teresa A Kastens		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 808 NW 40th		<b>Transaction ID:</b> 2231219	
City State Zip Code Oklahoma City OK 73118	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer OKC Gyn & OB LLC	Occupation physician		
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> Susan F. Kaufman		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 507 Pembroke Avenue		<b>Transaction ID:</b> 2230167	
City State Zip Code Norfolk VA 23507	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Volunteer/Mother/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>C.</b> Ms. Bonnie Kay		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 3861 E Placita De Peri		<b>Transaction ID:</b> 2219664	
City State Zip Code Tucson AZ 85718	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) ..... ▶	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 1370 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Cele S Keeper		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 2929 Buffalo Speedway #203		<b>Transaction ID:</b> 2230541	
City State Zip Code Houston TX 77098	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. Suzanne C. Keers		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 1946 W Potomac Avenue #2W		<b>Transaction ID:</b> 2222001	
City State Zip Code Chicago IL 60622	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 Consulting Executive Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Catherine Ann Keig		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1610 East Mountain Street		<b>Transaction ID:</b> 2227420	
City State Zip Code Pasadena CA 91104	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 Legislative Aide Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5350.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 Lou Kennedy		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address 1765 W Ainslie St		<b>Transaction ID:</b> 2224218	
City State Zip Code Chicago IL 60640	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer First Amer. Ins. Company	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Jane M. Kennedy		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 2608 Lotus Drive		<b>Transaction ID:</b> 2223234	
City State Zip Code Tallahassee FL 32312	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Tallahassee Community Hos- pital	Occupation RN		
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. Carol S. Kenyon		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address 197 Walter Hays Drive		<b>Transaction ID:</b> 2229301	
City State Zip Code Palo Alto CA 94303	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) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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 E. Kerr

Mailing Address 8710 Windmill Pl

City State Zip Code  
Riverside CA 92508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Calif. Teacher's Assoc. Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2007

**Transaction ID: 2220109**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jerry Kickenson

Mailing Address 1701Ladd Street

City State Zip Code  
Silver Spring MD 20902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
S.W.I.F.T. Software Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

**Transaction ID: 2229004**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joyce A. Kidd

Mailing Address 9982 Reevesbury Drive

City State Zip Code  
Beverly Hills CA 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Student

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2007

**Transaction ID: 2230693**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1373 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Jeanie Kilgour		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 6727 Woodcreek Road		<b>Transaction ID:</b> 2226221	
City State Zip Code Charlevoix MI 49720	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. Eleanor M. Kilgour		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 700 Carolina Meadows Apt. 338		<b>Transaction ID:</b> 2229457	
City State Zip Code Chapel Hill NC 27517	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. Nancy Evers Kirwan		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 2184 Roscomare Road		<b>Transaction ID:</b> 2223488	
City State Zip Code Los Angeles CA 90077	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 Landscape Designer Aggregate Year-to-Date ▼ 350.00		

<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 1374 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Beverly P. Kivel		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 1813 Wales Drive		<b>Transaction ID:</b> 2223813	
City State Zip Code Walnut Creek CA 94595	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. Jennie Kixmiller		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 1678 8th Avenue		<b>Transaction ID:</b> 2225501	
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	Aggregate Year-to-Date ▼ 255.00		
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 Beth Klein		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 105 Montague Street, # 402		<b>Transaction ID:</b> 2221976	
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 Occupation Homemaker	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) ..... ▶	2085.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1375 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Klein		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 2319 Glen Haven		<b>Transaction ID: 2230389</b>	
City State Zip Code Houston TX 77030	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Ms. Audrey M Kleinsasser		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2007	
Mailing Address 1980 North 17th Street		<b>Transaction ID: 2224646</b>	
City State Zip Code Laramie WY 82072	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
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) ▼			

C. Full Name (Last, First, Middle Initial) Ms. Diane Knapp		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 800 Belfast Road		<b>Transaction ID: 2223379</b>	
City State Zip Code Sparks MD 21152	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Farmer	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) ..... ▶	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 1376 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Karen Knieriem</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2007	
Mailing Address 4840 T St.		<b>Transaction ID: 2219935</b>	
City State Zip Code Sacramento CA 95819		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kaiser Permanente      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. Ms. Martha B. Knisley</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 2201 Tallon Hall Ct Apt 105		<b>Transaction ID: 2223733</b>	
City State Zip Code Raleigh NC 27607		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The Technical Assistance Collaborative      Occupation Health Care 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. Mrs. Jill Z. Koenig</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 14062 Davana Terrace		<b>Transaction ID: 2230254</b>	
City State Zip Code Sherman Oaks CA 91423		Amount of Each Receipt this Period 1050.00	
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 ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428						
	(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. Ann F. Kolker		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 5524 39th Street NW		<b>Transaction ID:</b> 2229061	
City State Zip Code Washington DC 20015	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 ▼ 1800.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Isobel R. Konecky		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 248 East 68th Street		<b>Transaction ID:</b> 2219872	
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 Producer Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Rabbi Emily F. Korzenik		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 120 Carthage Road		<b>Transaction ID:</b> 2229322	
City State Zip Code Scarsdale NY 10583	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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sherley H. Koteen

Mailing Address 2604 Tilden Place, N.W.

City State Zip Code  
Washington DC 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Art Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2007

Transaction ID: 2222415

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Judith H. Kramer

Mailing Address 372 Ferne Avenue

City State Zip Code  
Palo Alto CA 94306

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  
03 / 14 / 2007

Transaction ID: 2224008

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Kravitz

Mailing Address 413 Dedham Street, # A

City State Zip Code  
Newton MA 02459

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  
03 / 20 / 2007

Transaction ID: 2228456

Amount of Each Receipt this Period  
1000.00

<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: (check only one)	PAGE 1379 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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. Kresek		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 1125 16th Street # 4		<b>Transaction ID:</b> 2220583	
City State Zip Code Santa Monica CA 90403	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer REQUESTED Occupation CPA	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 Kroes		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 1563 Jefferson		<b>Transaction ID:</b> 2229820	
City State Zip Code Muskegon MI 49441	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hackley Library Occupation Librarian	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. Estelle Kuhn		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 60 W 68th Street, Apt 3B		<b>Transaction ID:</b> 2229428	
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 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) ..... ▶	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 1380 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Estelle Kuhn		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 60 W 68th Street, Apt 3B		<b>Transaction ID:</b> 2231101
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 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. Terry Kulka		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 3945 Oakmore Road		<b>Transaction ID:</b> 2219855
City State Zip Code Oakland CA 94602	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Self Real Estate Sales		
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. Carol Kuller		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2007
Mailing Address 137 Great Barrington Road		<b>Transaction ID:</b> 2224491
City State Zip Code West Stockbridge MA 01266	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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1381 / 2428
	(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. Jeffrey C. Lamkin</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 2963 Hudson Aurora Road		<b>Transaction ID: 2227043</b>	
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 Ohio Retina Associates	Occupation Ophthalmologist		
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. Susan Lammers</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 171 Lake Washington Blvd East		<b>Transaction ID: 2224791</b>	
City State Zip Code Seattle WA 98112	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self	Occupation consulting		
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. Terry Last</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 2 Claridge Drive, Apt. 2DW		<b>Transaction ID: 2230012</b>	
City State Zip Code Verona NJ 07044	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) ..... ▶	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 1382 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Lawrence</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 383 South Middlebush Road		<b>Transaction ID: 2228565</b>	
City Somerset      State NJ      Zip Code 08873	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 ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Julie D Leach</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 5315 Hidden Harbor Rd		<b>Transaction ID: 2219446</b>	
City Sarasota      State FL      Zip Code 34242	Amount of Each Receipt this Period 4000.00		
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 ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. Elaine L Leach</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 8175 County 78		<b>Transaction ID: 2220562</b>	
City Lake Shore      State MN      Zip Code 56468	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) ..... ▶	4200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1383 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Elaine L Leach</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 8175 County 78		Transaction ID: 2230222
City State Zip Code Lake Shore MN 56468	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. Ms. Susan Morse Lebow</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 12837 Highwood Street		Transaction ID: 2223750
City State Zip Code Los Angeles CA 90049	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	

Full Name (Last, First, Middle Initial) <b>C. Ms. Nancy L. Lee</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 1130 Laureles Drive		Transaction ID: 2228961
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 Rite Aid Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Pharmacist Aggregate Year-to-Date ▼ 450.00	

<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 1384 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Patricia T. Lee</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 2001 Sacramento Street, Apt. 4		<b>Transaction ID: 2222601</b>	
City State Zip Code San Francisco CA 94109	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation CA State U 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. Emily Lee</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 3509 California Street		<b>Transaction ID: 2228940</b>	
City State Zip Code San Francisco CA 94118	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self Retail			
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. Mr. Stephen Lee</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 4951 Shoreline Way		<b>Transaction ID: 2222209</b>	
City State Zip Code Oxnard CA 93035	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>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 1385 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Mildred Robbins Leet		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 54 Riverside Drive		<b>Transaction ID:</b> 2231610	
City State Zip Code New York NY 10024		Amount of Each Receipt this Period 200.00	
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>B.</b> Ms. Mildred Robbins Leet		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 54 Riverside Drive		<b>Transaction ID:</b> 2228724	
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 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. Donna Leet		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 5809 Woodcreek Ln		<b>Transaction ID:</b> 2226037	
City State Zip Code Middleton WI 53562		Amount of Each Receipt this Period 75.00	
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) ..... ▶	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 1386 / 2428  
(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. Joyce Lekas

Mailing Address 3100 NW Valle Vista Terrace

City State Zip Code  
Portland OR 97210

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation  
writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

Transaction ID: 2231206

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sylvia Lenhoff

Mailing Address 304 Dogwood Drive

City State Zip Code  
Oxford MS 38655

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  
03 / 14 / 2007

Transaction ID: 2223653

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Mary Catherine Leonard

Mailing Address 35 Channel Center St Unit 410

City State Zip Code  
Boston MA 02210

FEC ID number of contributing federal political committee. **C**

Name of Employer United Way of MA Occupation  
attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 07 / 2007

Transaction ID: 2220715

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1387 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Jill Lerner		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 24 Nichols Place		<b>Transaction ID:</b> 2230533	
City State Zip Code Briarcliff NY 10510		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Mt. Pleasant Pub. Library Librarian			
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. Helena Leshler		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 7225 SE 32nd Avenue		<b>Transaction ID:</b> 2228741	
City State Zip Code Portland OR 97202		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Elizabeth A Letzler		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 1 Berkley Street		<b>Transaction ID:</b> 2230198	
City State Zip Code Baldwin NY 11510		Amount of Each Receipt this Period 2000.00	
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 ▼ 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Hartog Levin</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 240 Locust Road		<b>Transaction ID: 2227923</b>	
City State Zip Code Winnetka IL 60093		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Res Publica Group 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. Ms. Penny Levin</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 355 Boca Ciega Drive		<b>Transaction ID: 2223512</b>	
City State Zip Code Madeira Beach FL 33708		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 1550.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Barbara S. Levine</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 8135 Inverness Ridge Road		<b>Transaction ID: 2221002</b>	
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 Occupation Free-lance Editor-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) ..... ▶	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 1389 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Levinson		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 1450 Lanes End		<b>Transaction ID:</b> 2220879	
City Villanova	State PA	Zip Code 19085	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Amglo, Inc.	Occupation Importer		
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. Linda S. Levstik		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 547 Arcadia Park		<b>Transaction ID:</b> 2222339	
City Lexington	State KY	Zip Code 40503	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of KY	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Marion F Levy		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 333 E. 68th Street, # 9A		<b>Transaction ID:</b> 2220152	
City New York	State NY	Zip Code 10021	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 ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1390 / 2428  
(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. Judy Liberson

Mailing Address 6940 32nd Street NW

City State Zip Code  
Washington DC 20015

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) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 7

Transaction ID: 2220106

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Judith L. Lichtman

Mailing Address 2930 Ellicott Street, N.W.

City State Zip Code  
Washington DC 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ntl. Ptnership for Women & Families Consultant

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 7

Transaction ID: 2224415

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  
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 Y  
0 3 / 1 6 / 2 0 0 7

Transaction ID: 2227653

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 550.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1391 / 2428  
(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. Leonard Lieberman

Mailing Address 1 Gateway Ctr. Ste. 106

City State Zip Code  
Newark NJ 07102

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 01 / 2007

Transaction ID: 2219464

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Susan A. Lieberman

Mailing Address 1506 Driscoll

City State Zip Code  
Houston TX 77019

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 ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2007

Transaction ID: 2229381

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Walter Limbach

Mailing Address 123 Beechmont Road

City State Zip Code  
Pittsburgh PA 15206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 07 / 2007

Transaction ID: 2220704

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1392 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Pearl H Ling		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 2871 Sedgewick Road		<b>Transaction ID:</b> 2230223
City State Zip Code Shaker Heights OH 44120	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self Occupation freelance 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>B.</b> Ms. Beverly Lipman		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 188 Favonio Road		<b>Transaction ID:</b> 2230377
City State Zip Code Portola Valley CA 94028	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	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. William B. Lloyd		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007
Mailing Address 245 W. 107th Street Apt. 16C		<b>Transaction ID:</b> 2222578
City State Zip Code New York NY 10025	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 ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1393 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Linda Locke		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 6925 Cornell		<b>Transaction ID:</b> 2226544	
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>			
Name of Employer MasterCard International	Occupation Public Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Judith Loeb		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 50 East 89th Street #6E		<b>Transaction ID:</b> 2222682	
City State Zip Code New York City NY 10128	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer EMILY's List	Occupation Fundraiser		
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. Joyce Long		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 2216 Wroxtton		<b>Transaction ID:</b> 2230402	
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	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: (check only one)	PAGE 1394 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sara N Love		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 9144 Vendome Drive		<b>Transaction ID:</b> 2220582	
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>			
Name of Employer None	Occupation Stay at home Mom		
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. Linda Love		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 9755 SW Barnes Rd Ste 450		<b>Transaction ID:</b> 2229849	
City State Zip Code Portland OR 97225	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Williams, Dailey, O'Leary et al.	Occupation 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>C.</b> Ms. Sandra Lowery		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 3509 Rice Boulevard		<b>Transaction ID:</b> 2229059	
City State Zip Code Houston TX 77005	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer S & R Resources INC.	Occupation Small Business 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) ..... ▶	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 1395 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 A. Lubin		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 7820 Allengrove Street		<b>Transaction ID:</b> 2221944	
City State Zip Code Downey CA 90240		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Downey Unified School District		Occupation Elementary Principal	
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. Abigail F. Lufkin		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 717 21st Place		<b>Transaction ID:</b> 2222604	
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 Self		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. Sarah L. Luna		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 1319 E. Louis Way		<b>Transaction ID:</b> 2228172	
City State Zip Code Tempe AZ 85284		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer IKON Communications, P.A.		Occupation Associate	
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) ..... ▶	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 1396 / 2428  
(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. Edith Lycke

Mailing Address 4730 Melissa Lane

City State Zip Code  
Dallas TX 75229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Occupation REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 2228472

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Joanne Lyman

Mailing Address 163 East 81st Street

City State Zip Code  
New York City NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Metropolitan Museum of Art designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 19 / 2007

Transaction ID: 2224874

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Virginia Maas

Mailing Address 609 Walden Drive

City State Zip Code  
Beverly Hills CA 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Beverly Hills Unified School School Bd Member

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2007

Transaction ID: 2221811

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1335.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1397 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Dolly L. Maass		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 4408 Theall Road		<b>Transaction ID:</b> 2222443
City Rye State NY Zip Code 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 Retired Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Barbara A Mackoy		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 928 Simon Drive		<b>Transaction ID:</b> 2224402
City Cedar Hill State TX Zip Code 75104	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Fidelity Investments Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Prof. Thomas A. Madden		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 9130 Kedvale Avenue		<b>Transaction ID:</b> 2223868
City Skokie State IL Zip Code 60076	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 ▼ 1800.00	

<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 1398 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Lynette Maddocks Gatlin		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2007
Mailing Address 7731 Broadway Street J45		<b>Transaction ID:</b> 2220437
City State Zip Code San Antonio TX 78209	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 ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Marion Madoff		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 34 Pheasant Run		<b>Transaction ID:</b> 2223392
City State Zip Code Old Westbury NY 11568	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. Constance W Maffin		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007
Mailing Address 1324 Vermont Ave, NW		<b>Transaction ID:</b> 2222046
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Coldwell Banker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Real Estate Broker Aggregate Year-to-Date ▼ 350.00	

<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 1399 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<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 E. Magee</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 4000 Cathedral Avenue NW Apartment 604B		<b>Transaction ID: 2222436</b>	
City Washington State DC Zip Code 20016	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Writer	Aggregate Year-to-Date 2800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Ms. Louise R. Malakoff</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 142 Yorkshire Drive		<b>Transaction ID: 2230399</b>	
City Pittsburgh State PA Zip Code 15208	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Graduate Student	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. Kathleen A Maloy, Ph.D.</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 502 D St. NW		<b>Transaction ID: 2219165</b>	
City Washington State DC Zip Code 20002	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mautner Project 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) .....	3100.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1400 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Erma W. Manoncourt</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address PO Box 5747 c/o UNICEF-Egypt		<b>Transaction ID: 2228457</b>	
City State Zip Code New York NY 10163	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UNICEF-Egypt	Occupation Country Representative		
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. Constance Marbach</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 9704 Raintree Drive South		<b>Transaction ID: 2219670</b>	
City State Zip Code Columbus IN 47201	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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Holly Marihugh</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 271 Scott Avenue		<b>Transaction ID: 2220323</b>	
City State Zip Code Winnetka IL 60093	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 speechwriter		
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) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 G. Marineau</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007
Mailing Address 3464 Clay Street		<b>Transaction ID: 2222743</b>
City State Zip Code San Francisco CA 94118	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	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. David B. Martens</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address PO Box 1810		<b>Transaction ID: 2225552</b>
City State Zip Code Anacortes WA 98221	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Buckner News Alliance Occupation Vice President	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. Ms. Jacqueline S. Martin</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 423 Westmoreland		<b>Transaction ID: 2230607</b>
City State Zip Code Houston TX 77006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Occupation Consultant	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 1402 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 C. Martin		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 62 Selby Lane		<b>Transaction ID:</b> 2221464	
City State Zip Code Atherton CA 94027	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NEPC	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Lynda Martyn		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 582 Farallon Avenue		<b>Transaction ID:</b> 2221625	
City State Zip Code Pacifica CA 94044	Amount of Each Receipt this Period 1300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Optimum Health Balance	Occupation Health 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. Rhoda B Martyn		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 620 Sand Hill Road # 404G		<b>Transaction ID:</b> 2221623	
City State Zip Code Palo Alto CA 94304	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 ▼ 1300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1403 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input 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. Rhoda B Martyn		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 620 Sand Hill Road # 404G		<b>Transaction ID:</b> 2230594
City State Zip Code Palo Alto CA 94304	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 ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Rhoda B Martyn		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 620 Sand Hill Road # 404G		<b>Transaction ID:</b> 2230654
City State Zip Code Palo Alto CA 94304	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 ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ann N. Mason		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 2725 Pemberton Drive		<b>Transaction ID:</b> 2229574
City State Zip Code Houston TX 77005	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 ▼ 1100.00	

<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 1404 / 2428
	<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. Ms. Kate Massengale</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 44 Tango Road		<b>Transaction ID: 2225502</b>	
City State Zip Code Santa Fe NM 87506	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of New Mexico	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. Ms. Suzanne Massey</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 1720 Maple Avenue #2610		<b>Transaction ID: 2222724</b>	
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation 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. Mr. George Massingill</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 3887 S. Hills Circle		<b>Transaction ID: 2230570</b>	
City State Zip Code Fort Worth TX 76109	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation REQUESTED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<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 1405 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 B. Masters		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 47 Oakwood Drive		<b>Transaction ID:</b> 2223449
City State Zip Code Lemoyne PA 17043	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. Polly Masters		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address P.O. Box 106		<b>Transaction ID:</b> 2229129
City State Zip Code Ancramdale NY 12503	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 ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Julia Anne Matheson		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 3359 Quesada Street, NW		<b>Transaction ID:</b> 2220459
City State Zip Code Washington DC 20015	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 attorney 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 1406 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Polly Matzinger</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 8906 Old Georgetown Rd		<b>Transaction ID: 2224595</b>	
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NIH	Occupation research scientist		
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. George W. Mayeske</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 12524 Knowledge Lane		<b>Transaction ID: 2224642</b>	
City State Zip Code Bowie MD 20715	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. Virginia A. McArthur</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 1080 Wisconsin Avenue NW Apt. 3015		<b>Transaction ID: 2231005</b>	
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Lawyer		
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) ..... ▶	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 1407 / 2428  
(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 Leon McBride

Mailing Address 744 Cherokee Avenue

City State Zip Code  
Lafayette IN 47905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Purdue U. prof

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 07 / 2007

**Transaction ID: 2220849**

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Elisa McCarthy

Mailing Address 218 Auburn Road

City State Zip Code  
W. Hartford CT 06119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 19 / 2007

**Transaction ID: 2224892**

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Margaret McCarthy

Mailing Address 3326 Alpine Drive

City State Zip Code  
Ann Arbor MI 48108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 355.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2007

**Transaction ID: 2219865**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **585.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1408 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 McCarthy</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 3326 Alpine Drive		<b>Transaction ID: 2224951</b>
City State Zip Code Ann Arbor MI 48108	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 ▼ 355.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Sally P. McCash</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 28468 Clubhouse Drive		<b>Transaction ID: 2220078</b>
City State Zip Code Easton MD 21601	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Attorney	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Cynthia P. McCaughan</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 3050 Military Drive NW Apt. 402		<b>Transaction ID: 2230481</b>
City State Zip Code Washington DC 20009	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) ..... ▶	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 1409 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 A. McCormack		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 466 Lancaster Lane		<b>Transaction ID:</b> 2224766
City State Zip Code Bay Point CA 94565	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Washington Mutual	Occupation Real Estate Appraiser	
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. Jane Douglas McCoy		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 1409 NE 14th Terrace		<b>Transaction ID:</b> 2225013
City State Zip Code Gainesville FL 32601	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 ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Gerald McCue		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 10 Traill Street		<b>Transaction ID:</b> 2227464
City State Zip Code Cambridge MA 02138	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	

<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 1410 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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 McCune		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 1315 N Spaulding Ave		<b>Transaction ID:</b> 2224958	
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 Occupation Property Management	Aggregate Year-to-Date ▼ 255.00		
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. William J. McCune, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address P.O. Box 9		<b>Transaction ID:</b> 2221587	
City State Zip Code Lincoln MA 01773	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 ▼ 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> Mr. William J. McCune, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address P.O. Box 9		<b>Transaction ID:</b> 2228476	
City State Zip Code Lincoln MA 01773	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) ..... ▶	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: PAGE 1411 / 2428  
(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. Melinda McDonald

Mailing Address 1806 Charmeran Avenue

City State Zip Code  
San Jose CA 95124

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Court reporter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2007

**Transaction ID:** 2222171

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nancy D. McGregor

Mailing Address 3461 Piping Rock Lane

City State Zip Code  
Houston TX 77027

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Community Volunteer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2007

**Transaction ID:** 2229537

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Patricia J. McGuire

Mailing Address P.O. Box 90929

City State Zip Code  
San Antonio TX 78209

FEC ID number of contributing federal political committee. C

Name of Employer V.A. Occupation Nurse Anethetist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2007

**Transaction ID:** 2229521

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1412 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<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. Brian McInerney</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 304 County Road 438		<b>Transaction ID: 2229986</b>	
City State Zip Code Rocheport MO 65279	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) ▼			

Full Name (Last, First, Middle Initial) <b>B. Ms. Virginia C McIntosh</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 616 West Cliveden Street		<b>Transaction ID: 2221186</b>	
City State Zip Code Philadelphia PA 19119	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation clinical social worker	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. Mr. Hugh C McKee</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2007	
Mailing Address 20520 Falcons Lndg. Apt 2201		<b>Transaction ID: 2222066</b>	
City State Zip Code Sterling VA 20165	Amount of Each Receipt this Period 300.00		
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) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1413 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 T. McKellar		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address PO Box 149		<b>Transaction ID:</b> 2223801	
City State Zip Code Dobbs Ferry NY 10522	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>B.</b> Ms. Sandra F. McMillin		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 22800 Springwood Drive		<b>Transaction ID:</b> 2221021	
City State Zip Code Elkhart IN 46514	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ruth McMorrow		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 1037 Bloomfield Street		<b>Transaction ID:</b> 2229326	
City State Zip Code Hoboken NJ 07030	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1414 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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 Lynn McNallie		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 7
Mailing Address PO Box 1370		<b>Transaction ID:</b> 2221693
City State Zip Code Johnson City TX 78636	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>B.</b> Full Name (Last, First, Middle Initial) Ms. Shirley M. McNally		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address 110 Ames St Unit 5		<b>Transaction ID:</b> 2225162
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	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Sydney K McQuoid		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 6523 Ia Manga		<b>Transaction ID:</b> 2229707
City State Zip Code Dallas TX 75248	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Sales	Aggregate Year-to-Date ▼ 1300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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 1415 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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. Sydney K McQuoid		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007	
Mailing Address 6523 Ia Manga		<b>Transaction ID:</b> 2231152	
City State Zip Code Dallas TX 75248	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Oxygen Media	Occupation Sales		
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. Diana R. Meiches		Date of Receipt M M / D D / Y Y Y Y Y 03 / 12 / 2007	
Mailing Address PO Box 101		<b>Transaction ID:</b> 2222723	
City State Zip Code Prides Crossing MA 01965	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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Barbara J. Meislin		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2007	
Mailing Address P.O. Box 1277		<b>Transaction ID:</b> 2230392	
City State Zip Code Tiburon CA 94920	Amount of Each Receipt this Period 500.00		
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 ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1416 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Mellick		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1946 Smokey Ridge Avenue		<b>Transaction ID:</b> 2227520	
City State Zip Code Westlake Vlg. CA 91362	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 Clinical Social Worker Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Laura A. Melly		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 240 E Evergreen Ave		<b>Transaction ID:</b> 2219562	
City State Zip Code Philadelphia PA 19118	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 Management Consultant Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Allen Menkin		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 15 Saunders Lane		<b>Transaction ID:</b> 2220854	
City State Zip Code Hackettstown NJ 07840	Amount of Each Receipt this Period 250.00		
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 MD Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1417 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Peter D. Mensch		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 267 West 11th Street		<b>Transaction ID:</b> 2224641
City State Zip Code New York NY 10014	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Q Prime Inc.	Occupation Personal Manager	
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> Mr. Gerald Merfish		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 2720 Pittsburg Street		<b>Transaction ID:</b> 2224592
City State Zip Code Houston TX 77005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Pipe Manufacture/Distribution	
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. Ida K. Merfish		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address PO Box 4346 Deph 421		<b>Transaction ID:</b> 2221591
City State Zip Code Houston TX 77210	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer N. Merfish Sply Co.	Occupation Executive	
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) ..... ▶	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: (check only one)	PAGE 1418 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Kristi K Merritt		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 18 Fisk Circle		<b>Transaction ID:</b> 2219379
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 Educational Services, Inc.	Occupation Program Director	
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. Mary Metz		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 811 Butternut Road		<b>Transaction ID:</b> 2222399
City State Zip Code Madison WI 53704	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of Wisconsin, Madison	Occupation Professor	
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. Laura Miller		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 4119 Wentworth Avenue		<b>Transaction ID:</b> 2227459
City State Zip Code Minneapolis MN 55409	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of St. Thomas	Occupation College Instructor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1419 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 L. Miller		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 5576 SW Windflower Drive		<b>Transaction ID:</b> 2220004
City State Zip Code Corvallis OR 97333	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Oregon State University Faculty Research Assistan		
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 Miller		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 5750 E Lucia Walk		<b>Transaction ID:</b> 2226474
City State Zip Code Long Beach CA 90803	Amount of Each Receipt this Period 65.00	
FEC ID number of contributing federal political committee. C		
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 ▼ 410.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Emily Miller		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 5750 E Lucia Walk		<b>Transaction ID:</b> 2226475
City State Zip Code Long Beach CA 90803	Amount of Each Receipt this Period 65.00	
FEC ID number of contributing federal political committee. C		
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 ▼ 410.00	

<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 1420 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Mindy H. Miller		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 59 W 71st Sreet, Apt. 2B		<b>Transaction ID:</b> 2229307
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 Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physical Therapist Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Dorothy Miller		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 808 S. High Street		<b>Transaction ID:</b> 2227911
City State Zip Code El Dorado KS 67042	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 Book Store Owner Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Jeanne Milligan		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 10710 Broomgerrie Rd. NE		<b>Transaction ID:</b> 2219915
City State Zip Code Bainbridge Island WA 98110	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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1421 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Joyanne B. Mills		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 40W665 Grand Monde Drive		<b>Transaction ID:</b> 2229002	
City State Zip Code Elburn IL 60119	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 Retired Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Anne P Mintz		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 186 Riverside Drive		<b>Transaction ID:</b> 2229534	
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Forbes Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Management Aggregate Year-to-Date ▼ 1150.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Jo Bennett Mitchell		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 904 E. 3rd Avenue		<b>Transaction ID:</b> 2222740	
City State Zip Code Ellensburg WA 98926	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) .....	2700.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Miss Helen Moksnes</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 1835 Corporal Kennedy Street		<b>Transaction ID: 2224242</b>	
City State Zip Code Bayside NY 11360	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Help Clearview Senior Center	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>B. Ms. Barbara Molotsky</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 1040 N Lake Shore Dr Apt 29C		<b>Transaction ID: 2221026</b>	
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bozell, Inc.	Occupation Public Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Margaret R. Monaghan</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address PO Box 531175		<b>Transaction ID: 2220817</b>	
City State Zip Code Birmingham AL 35253	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 ▼ 1250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1423 / 2428						
	(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> Mrs. Margaret R. Monaghan		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address PO Box 531175		<b>Transaction ID:</b> 2227685	
City Birmingham	State AL	Amount of Each Receipt this Period 250.00	
Zip Code 35253		FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation Homemaker	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.</b> Ms. Virginia G. Monroe		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 143 Pheasant Hollow Drive		<b>Transaction ID:</b> 2230626	
City Burr Ridge	State IL	Amount of Each Receipt this Period 500.00	
Zip Code 60537		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>C.</b> Ms. Patricia H.F. Moore		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 1045 Tocobaga Lane		<b>Transaction ID:</b> 2228337	
City Sarasota	State FL	Amount of Each Receipt this Period 100.00	
Zip Code 34236		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) .....	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 1424 / 2428		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<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. Karen J Moore		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 601 Eagles Wing Ct.		<b>Transaction ID:</b> 2227354	
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 Coding Specialist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Katherine C. Moore		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 8 Bird Lane		<b>Transaction ID:</b> 2228468	
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	Occupation Volunteer		
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. Hannah Morehouse		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 41 Crescent St		<b>Transaction ID:</b> 2221618	
City State Zip Code Northampton MA 01060	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) ..... ▶	615.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1425 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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. Hannah Morehouse

Mailing Address 41 Crescent St

City Northampton State MA Zip Code 01060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2007

Transaction ID: 2226551

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sara S. Morgan

Mailing Address 2121 Kirby Drive, # 99

City Houston State TX Zip Code 77019

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  
MM / DD / YYYY  
03 / 28 / 2007

Transaction ID: 2230601

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Valerie Morris

Mailing Address 1127 A Banks Street

City Houston State TX Zip Code 77006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2007

Transaction ID: 2220882

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1426 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Patricia Morton</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 266 Willowbrook Drive		<b>Transaction ID: 2224609</b>	
City State Zip Code North Brunswick NJ 08902	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Consultant	Occupation Strategic Planning		
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. Mrs. Marcia S Morton</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 9 Darlington Court		<b>Transaction ID: 2227857</b>	
City State Zip Code Pittsburgh PA 15217	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		

Full Name (Last, First, Middle Initial) <b>C. Ms. Marian M. Moss</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 5328 Siesta Court		<b>Transaction ID: 2224501</b>	
City State Zip Code Sarasota FL 34242	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer C.O.M. of Sarasota, Inc.	Occupation Property Manager		
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) ..... ▶	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 1427 / 2428  
(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. Marian M. Moss

Mailing Address 5328 Siesta Court

City State Zip Code  
Sarasota FL 34242

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
C.O.M. of Sarasota, Inc. Property Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 7

**Transaction ID:** 2231115

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Adelaide R. Munkenbeck

Mailing Address 122 Palmers Hill Road  
Apt. 2314

City State Zip Code  
Stamford CT 06902

FEC ID number of contributing federal political committee. **C**

Name of Employer 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  
0 3 / 0 5 / 2 0 0 7

**Transaction ID:** 2221270

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard S. Murray

Mailing Address 235 Plymouth Avenue NE

City State Zip Code  
Grand Rapids MI 49503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US Department of Justice 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  
0 3 / 2 6 / 2 0 0 7

**Transaction ID:** 2229824

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 1428 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Christi Murray		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 3170 Georgetown Place		<b>Transaction ID:</b> 2223828
City State Zip Code Dulles VA 20189	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer usg Occupation papers		
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. Gail Murray		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007
Mailing Address 3535 Cassena Drive		<b>Transaction ID:</b> 2220041
City State Zip Code Walnut Creek CA 94598	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. Terri L. Murtland		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 7250 Park Lake Dr..		<b>Transaction ID:</b> 2225286
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 ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	585.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1429 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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 J. Myers		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2007
Mailing Address 2066 Promontory Point Lane		<b>Transaction ID:</b> 2229073
City State Zip Code Gold River CA 95670	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Kaiser Occupation pathologist	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. Judith A Myers		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007
Mailing Address 257 Barnard Road		<b>Transaction ID:</b> 2219170
City State Zip Code Larchmont NY 10538	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Westchester County, NY Occupation County Legislator	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. Judith A Myers		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007
Mailing Address 257 Barnard Road		<b>Transaction ID:</b> 2223348
City State Zip Code Larchmont NY 10538	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Westchester County, NY Occupation County Legislator	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) ..... ▶	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 1430 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 M Myers		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 412 Crestwood Court		<b>Transaction ID:</b> 2230118	
City State Zip Code Endwell NY 13760	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. Richard W. Myers		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 984 Pinehurst Drive		<b>Transaction ID:</b> 2223443	
City State Zip Code Las Vegas NV 89109	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. Beth Myler		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 4906 Timberline		<b>Transaction ID:</b> 2228188	
City State Zip Code Austin TX 78746	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>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 1431 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Wendy Nahman</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 4926 Braesvalley		<b>Transaction ID: 2229649</b>	
City State Zip Code Houston TX 77096	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Manna Distributors, Inc.	Occupation Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Joseph E. Napolitano</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 6306 Dahonega Road		<b>Transaction ID: 2224439</b>	
City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Joy Sica Naylor</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2007	
Mailing Address 3319 Higel Avenue		<b>Transaction ID: 2219929</b>	
City State Zip Code Sarasota FL 34242	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Not employed	Occupation Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1432 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Evaline B. Neff		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 8315 Northbrook Lane #306		<b>Transaction ID:</b> 2223516
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 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> Hon. Dawn Clark Netsch		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 1700 North Hudson Avenue		<b>Transaction ID:</b> 2230388
City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Northwestern University Professor of Law Emeritus		
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. Bonnie A. New		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 2216 Shakespeare		<b>Transaction ID:</b> 2229582
City State Zip Code Houston TX 77030	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Health Resources consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	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: (check only one)	PAGE 1433 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Raquel H. Newman		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 44 Macondray Lane Apartment 6W		<b>Transaction ID:</b> 2227546
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>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	
Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Katie C. Nichols		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 1682 Oceanview Drive		<b>Transaction ID:</b> 2230100
City State Zip Code Tierra Verde FL 33715	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 Developer	
Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Stephanie Nicodemus		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2007
Mailing Address 2074 Whitings Neck Rd.		<b>Transaction ID:</b> 2220442
City State Zip Code Martinsburg WV 25404	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 certified nurse-midwife	
Aggregate Year-to-Date ▼ 250.00		

<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:	PAGE 1434 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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. Keith E. Nightenhelser		Date of Receipt M M / D D / Y Y Y Y Y 03 / 19 / 2007	
Mailing Address 4235 West 300 South		<b>Transaction ID:</b> 2226016	
City State Zip Code Greencastle IN 46135	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer DePauw University	Occupation Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Elizabeth Nordgren		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 6 Ryan Way		<b>Transaction ID:</b> 2223311	
City State Zip Code Durham NH 03824	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer REQUESTED		Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Jo Ann North		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2007	
Mailing Address P.O. Box 5913		<b>Transaction ID:</b> 2230385	
City State Zip Code Madison TN 37116	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Davidson County, TN		Occupation Tax Assessor	
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) ..... ▶	585.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1435 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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. Mary Beth B. Norton		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 159 Remington Road		<b>Transaction ID:</b> 2230646
City State Zip Code Ithaca NY 14850	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Jean L. Nyland		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 622 Cabrillo St		<b>Transaction ID:</b> 2221149
City State Zip Code Stanford CA 94305	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer College of Notre Dame	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. Stephanie M. Oana		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 6257 Acacia Ave.		<b>Transaction ID:</b> 2230610
City State Zip Code Oakland CA 94618	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1436 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Maureen O'Bryon		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 2101 Connecticut Ave. Apt. 74		<b>Transaction ID:</b> 2231021
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hogan & Hartson	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.</b> Mr. Michael O'Connor		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 649 E. 14th Street, Apt. 2C		<b>Transaction ID:</b> 2223167
City State Zip Code New York NY 10009	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.</b> Ms. Leslie Oelsner		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 1451 N. Canterbury Road		<b>Transaction ID:</b> 2225748
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 ▼ 600.00	

<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 1437 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 O'Gara		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 508 W Kinnear Pl		<b>Transaction ID:</b> 2227498	
City State Zip Code Seattle WA 98119	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Microsoft	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> Mr. Randall Oliver		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 922 N. Battin Street		<b>Transaction ID:</b> 2222065	
City State Zip Code Wichita KS 67208	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 ▼ 650.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Randall Oliver		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 922 N. Battin Street		<b>Transaction ID:</b> 2229923	
City State Zip Code Wichita KS 67208	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 ▼ 650.00		

<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 1438 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 Brown Olivetti		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 1917 Locust Grove Road		<b>Transaction ID:</b> 2221628
City State Zip Code Silver Spring MD 20910	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Arent Fox	Occupation Legal Secretary	
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. Sylvia Brown Olivetti		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 1917 Locust Grove Road		<b>Transaction ID:</b> 2224867
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 Arent Fox	Occupation Legal Secretary	
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> Ms. Judith A. Olney		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 3300 Westside Rd		<b>Transaction ID:</b> 2231018
City State Zip Code Healdsburg CA 95448	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	

<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 1439 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Cordelia Ontiveros		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2007	
Mailing Address 1450 E. North Hills Dr.		<b>Transaction ID:</b> 2229527	
City State Zip Code La Habra CA 90631	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation CA State University Administrator	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> Dr. G. William Orr		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 980 County Road W Lot S114		<b>Transaction ID:</b> 2219885	
City State Zip Code Fremont NE 68025	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self-Employed 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> Ms. Marilyn J. O'Shea		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 17 Rotary Drive		<b>Transaction ID:</b> 2231202	
City State Zip Code Summit NJ 07901	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 ▼ 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) ..... ▶	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 1440 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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. Yael Ouzillou		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 3503 Winfield Drive		<b>Transaction ID:</b> 2224613	
City Austin	State TX	Zip Code 78704	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Jean Carnahan for Missouri	Occupation Fundraiser		
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. Carla L. Overberger		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 37 Nokomis Avenue		<b>Transaction ID:</b> 2226031	
City San Anselmo	State CA	Zip Code 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 ▼ 255.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Barbara L. Owens		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 200 Snead Fairway		<b>Transaction ID:</b> 2231077	
City Portsmouth	State VA	Zip Code 23701	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Towne Bank	Occupation Internal Auditor		
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) .....	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 1441 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Kimberly C Oxholm		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 622 S. Bowman Ave.		<b>Transaction ID:</b> 2221624
City State Zip Code Merion Station PA 19066	Amount of Each Receipt this Period 1300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Occupation Financial advisor	Aggregate Year-to-Date ▼ 1300.00	
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 03 / 19 / 2007
Mailing Address 532 East 87th Street		<b>Transaction ID:</b> 2224870
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 NY Hospital Occupation Pediatric Resident	Aggregate Year-to-Date ▼ 255.00	
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 03 / 07 / 2007
Mailing Address 4160 SW 83rd Ave.		<b>Transaction ID:</b> 2220886
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 ▼ 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) ..... ▶	1485.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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. Barbara R. Palmer		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 425 Windmere Drive, Apt. 4B		<b>Transaction ID:</b> 2221024
City State Zip Code State College PA 16801	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	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Carrin F. Patman		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address South Tower Pennzoil Place 711 Louisiana, Suite 2900		<b>Transaction ID:</b> 2229535
City State Zip Code Houston TX 77002	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 Attorney Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Margaret Patterson		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 407 Country Lane		<b>Transaction ID:</b> 2219386
City State Zip Code Frankfort KY 40601	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 ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Amy Pearl		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2007
Mailing Address 555 S. El Monte Avenue		<b>Transaction ID:</b> 2220435
City State Zip Code Los Altos CA 94022	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 ▼ 1300.00	
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. Amy Pearl		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2007
Mailing Address 555 S. El Monte Avenue		<b>Transaction ID:</b> 2220436
City State Zip Code Los Altos CA 94022	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 ▼ 1300.00	
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. Emily Pearson		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 8383 Glenwynd Drive		<b>Transaction ID:</b> 2223806
City State Zip Code Kalamazoo MI 49009	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Artist	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) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1444 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 B. Peck		Date of Receipt M M / D D / Y Y Y Y Y 03 / 19 / 2007	
Mailing Address 4545 Grand Avenue		<b>Transaction ID:</b> 2225304	
City State Zip Code Ojai CA 93023	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Community Action 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. Betty Pecore		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address 1214 Berthea Street		<b>Transaction ID:</b> 2224211	
City State Zip Code Houston TX 77006	Amount of Each Receipt this Period 2500.00		
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 ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Deborah C. Peel		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address 2905 San Gabriel Street Ste. 207		<b>Transaction ID:</b> 2224827	
City State Zip Code Austin TX 78705	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 ▼ 2000.00		

<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: PAGE 1446 / 2428  
(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 L. Perry

Mailing Address 74 Woodbridge Street

City State Zip Code  
South Hadley MA 01075

FEC ID number of contributing federal political committee. C

Name of Employer the andrew w mellon foundation      Occupation Senior Advisory

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 01 / 2007

**Transaction ID:** 2219253

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Wendy Pesky

Mailing Address P.O. Box 3876

City State Zip Code  
Ketchum ID 83340

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  
03 / 20 / 2007

**Transaction ID:** 2228308

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Charlene E. Peters

Mailing Address 2933 E Hawthorne Street

City State Zip Code  
Tucson AZ 85716

FEC ID number of contributing federal political committee. C

Name of Employer ITCAP      Occupation CEO

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

**Transaction ID:** 2231170

Amount of Each Receipt this Period  
1300.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1447 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Lyn J Peters		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007
Mailing Address 962 Farm Haven Drive		<b>Transaction ID:</b> 2220472
City State Zip Code Rockville MD 20852	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 ▼ 1450.00	
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. Lyn J Peters		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 962 Farm Haven Drive		<b>Transaction ID:</b> 2232021
City State Zip Code Rockville MD 20852	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 1450.00	
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. Wes Peterson		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 3046 Holei Street		<b>Transaction ID:</b> 2227502
City State Zip Code Honolulu HI 96815	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1448 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Philips		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address PO Box 1248		<b>Transaction ID:</b> 2219377	
City State Zip Code Washington Grove MD 20880		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Self Writer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Meredith Phillips		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 4127 Old Adobe Road		<b>Transaction ID:</b> 2221490	
City State Zip Code Palo Alto CA 94306		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Self 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> Ms. Gail Pine		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 525 West Hillsdale Street		<b>Transaction ID:</b> 2223881	
City State Zip Code Inglewood CA 90302		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer L.A. Unified School District 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 ▼ 350.00	

<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 1449 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ronnie Planalp		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007
Mailing Address 249 Central Park W.		<b>Transaction ID:</b> 2222474
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) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Rev. Eunice Poethig		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 1000 E 53rd Street, Apt. 613		<b>Transaction ID:</b> 2221206
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 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. Dorothy Polash		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 20 Fox Hill		<b>Transaction ID:</b> 2222081
City State Zip Code Woodside CA 94062	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Homemaker	Aggregate Year-to-Date ▼ 2400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Dorothy Polash		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 20 Fox Hill		<b>Transaction ID:</b> 2224813	
City State Zip Code Woodside CA 94062	Amount of Each Receipt this Period 1100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self Occupation Homemaker	Aggregate Year-to-Date ▼ 2400.00		
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. Barbara A. Pollack		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 4125 E 2nd St		<b>Transaction ID:</b> 2229798	
City State Zip Code Long Beach CA 90803	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hughes Aircraft Co. 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>C.</b> Ms. Guyla W Ponomareff		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 1333 No. California Blvd. Suite 150		<b>Transaction ID:</b> 2228122	
City State Zip Code Walnut Creek 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 Occupation Attorney	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) ..... ▶	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: (check only one)	PAGE 1451 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Felicity Pool		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 36 James Street		<b>Transaction ID:</b> 2221319	
City State Zip Code Greenfield MA 01301	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> Mr. Barry M. Popkin		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 201 Huntington Drive		<b>Transaction ID:</b> 2219866	
City State Zip Code Chapel Hill NC 27514	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Professor	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> Mr. Howard C. Poulter		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 4375 Bridgeview Drive		<b>Transaction ID:</b> 2222995	
City State Zip Code Oakland CA 94602	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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1452 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 S. Powers		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007
Mailing Address 3001 Veazey Terrace, NW #1501		<b>Transaction ID:</b> 2222589
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer International Monetary Fund	Occupation 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.</b> Ms. Diane M. Pratt		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 16 Brooks Lane		<b>Transaction ID:</b> 2222286
City State Zip Code Portland CT 06480	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Yale Univ.	Occupation Biologist	
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. Nina R. Pryatel		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 3600 E Fulton St Apt B211		<b>Transaction ID:</b> 2227735
City State Zip Code Grand Rapids MI 49546	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 ▼ 350.00	

<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 1453 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Lynn Putney		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 1405 Journeys End		<b>Transaction ID:</b> 2222732	
City State Zip Code Croton NY 10520	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Citigroup	Occupation Banker		
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. Patricia J. Quigley		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 9792 Canforero Terrace		<b>Transaction ID:</b> 2221501	
City State Zip Code San Diego CA 92124	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Met Life	Occupation Financial Planner		
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. Doreen A. Quinn		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 569 Evanswood Place		<b>Transaction ID:</b> 2221025	
City State Zip Code Cincinnati OH 45220	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6250.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 Quintrell		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 1280 Rosita Road		<b>Transaction ID:</b> 2228768
City State Zip Code Pacifica CA 94044	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Univ. of California	Occupation Molecular Biologist	
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. Barbara J. Quissell		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address 5183 S Jamaica Way		<b>Transaction ID:</b> 2220846
City State Zip Code Greenwood Vlg CO 80111	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Pediatric	Occupation MD	
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. Evelyn M Radford		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 810 El Quanito Dr.		<b>Transaction ID:</b> 2230390
City State Zip Code Danville CA 94526	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 ▼ 1400.00	

<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 1455 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Virginia M. Ralston		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 8348 Colton Cove		<b>Transaction ID:</b> 2224500
City State Zip Code Germantown TN 38139	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> Ms. Marilyn R Ratliff		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 123 NW 4th Street # 304		<b>Transaction ID:</b> 2223054
City State Zip Code Evansville IN 47708	Amount of Each Receipt this Period 250.00	
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 Attorney Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Judith Ratzan		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 60 Edgewater Drive #9F		<b>Transaction ID:</b> 2228703
City State Zip Code Coral Gables FL 33133	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of Miami 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) ..... ▶	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 1456 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 D. Ravin		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2007	
Mailing Address 51 Edgewood Rd		<b>Transaction ID:</b> 2221477	
City State Zip Code Wayland MA 01778	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer UMass Memorial Healthcare	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. E. Shelley Reid		Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2007	
Mailing Address 6024 Little Brook Ct		<b>Transaction ID:</b> 2219934	
City State Zip Code Clifton VA 20124	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer George Mason U.	Occupation Asst. Prof. of English		
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. Diana L. Reische		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2007	
Mailing Address 20 Silvermine Woods		<b>Transaction ID:</b> 2221075	
City State Zip Code Wilton CT 06897	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation 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) ..... ▶	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: PAGE 1457 / 2428  
(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. Elaine Reuben

Mailing Address 1901 Wyoming Avenue NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

**Transaction ID:** 2222763

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Graeme C Revell

Mailing Address 6084 John Muir Road

City State Zip Code  
Hidden Hills CA 91302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bolero Inc Composer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 07 / 2007

**Transaction ID:** 2220311

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Eleanor D. Revill

Mailing Address 460 Old Main Street

City State Zip Code  
Rocky Hill CT 06067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2007

**Transaction ID:** 2223660

Amount of Each Receipt this Period  
100.00

**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 1458 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<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. Jennifer Reynolds</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address PO Box 83886		<b>Transaction ID: 2228988</b>	
City State Zip Code Fairbanks AK 99708	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Alaska	Occupation Geologist		
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. Alice Richey</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 1511 Red Oak Drive		<b>Transaction ID: 2222420</b>	
City State Zip Code Silver Spring MD 20910	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer DC Public Schools (Retired)	Occupation self-employed		
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. Jane C. Rieffel</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 721-A Mas Amigos		<b>Transaction ID: 2221632</b>	
City State Zip Code Santa Barbara CA 93105	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) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1459 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 C. Rieffel		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 721-A Mas Amigos		<b>Transaction ID:</b> 2229273
City State Zip Code Santa Barbara CA 93105	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. Alyce R Ritti		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 170 Cherrywood Way		<b>Transaction ID:</b> 2224550
City State Zip Code Port Matilda PA 16870	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 ▼ 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. Alyce R Ritti		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 170 Cherrywood Way		<b>Transaction ID:</b> 2230811
City State Zip Code Port Matilda PA 16870	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) ▼		

<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 1460 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Kimberly K. Ritzheimer		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 20578 East Buchanan Drive		<b>Transaction ID:</b> 2226954	
City State Zip Code Aurora CO 80011	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Dept. of Defense	Occupation Information Analyst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Judith Roales		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 20374 Blue Point Drive #3102		<b>Transaction ID:</b> 2225320	
City State Zip Code Rehoboth DE 19971	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer St. Petersburg Times	Occupation Executive V.P. & Gen. Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Deborah Robbins		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 26 Graystone Terrace		<b>Transaction ID:</b> 2220869	
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 Self	Occupation Writer/Editor		
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) ..... ▶	420.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1461 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 03 / 15 / 2007	
Mailing Address 2315 Woodlawn Road		<b>Transaction ID:</b> 2227370	
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 600.00		
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 health care consultant Aggregate Year-to-Date ▼ 1600.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Susan M Robers		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 2315 Woodlawn Road		<b>Transaction ID:</b> 2227369	
City State Zip Code Northbrook IL 60062	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 health care consultant Aggregate Year-to-Date ▼ 1600.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Joan R. Robertson		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 6216 N. Lake Drive		<b>Transaction ID:</b> 2230002	
City State Zip Code Milwaukee WI 53217	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 Homemaker Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input 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. Jane A. Robinson		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 1844 West 23rd Street Sunset Island 3		<b>Transaction ID:</b> 2230370
City Miami Beach	State FL	Zip Code 33140
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>B.</b> Ms. Janice E. Rodgers		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 2100 N. Lincoln Park West #12CN		<b>Transaction ID:</b> 2222412
City Chicago	State IL	Zip Code 60614
Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Quarles & Brady LLP	Occupation Attorney	
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. Janice E. Rodgers		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 2100 N. Lincoln Park West #12CN		<b>Transaction ID:</b> 2231209
City Chicago	State IL	Zip Code 60614
Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Quarles & Brady LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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: (check only one)	PAGE 1463 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Gregory J. Rohan

Mailing Address 3715 Cragmont Avenue

City State Zip Code  
Dallas TX 75205

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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2007

Transaction ID: 2220739

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. June Rokoff

Mailing Address 30 Greylock Road

City State Zip Code  
Wellesley MA 02481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2007

Transaction ID: 2221559

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Pam Rolph

Mailing Address 132 San Felipe Avenue

City State Zip Code  
S. San Francisco CA 94080

FEC ID number of contributing federal political committee. **C**

Name of Employer Yahoo! Inc. Occupation  
Paralegal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2007

Transaction ID: 2224988

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1464 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 D. Romaine		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 7 Conquest Avenue		<b>Transaction ID:</b> 2226591
City State Zip Code Sullivans IS SC 29482	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. Ethel G. Romm		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 531 Main Street, Apt. 317		<b>Transaction ID:</b> 2229560
City State Zip Code New York NY 10044	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Chair	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. Ethel G. Romm		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 531 Main Street, Apt. 317		<b>Transaction ID:</b> 2230233
City State Zip Code New York NY 10044	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Chair	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) ..... ▶	2200.00
<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 1465 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 S. Romzek		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 731 Louisiana Street		<b>Transaction ID:</b> 2221615	
City State Zip Code Lawrence KS 66044	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer U of Kansas	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>B.</b> Ms. Betty Roosa		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 455 Hilltop Lane		<b>Transaction ID:</b> 2227461	
City State Zip Code Cincinnati OH 45215	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> Ms. Mary S. Rose		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 12340 Alameda Trace Circle #1802		<b>Transaction ID:</b> 2221552	
City State Zip Code Austin TX 78727	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 ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1466 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 A. Rosenberg		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 48 Coolidge Street		<b>Transaction ID:</b> 2229323	
City State Zip Code Brookline MA 02446		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Boston University Epidemiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Seymour Rosenthal		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 11044 70th Avenue		<b>Transaction ID:</b> 2222404	
City State Zip Code Flushing NY 11375		Amount of Each Receipt this Period 400.00	
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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Lynne G Rosenthal		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 495 Westover Rd.		<b>Transaction ID:</b> 2223508	
City State Zip Code Stamford CT 06902		Amount of Each Receipt this Period 2000.00	
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) ..... ▶	4900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1467 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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. Peter N Rosenthal		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 585 East Crescent Drive		<b>Transaction ID:</b> 2229987
City State Zip Code Palo Alto CA 94301	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> Mrs. Emma M Rosow		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address 122 Green Way		<b>Transaction ID:</b> 2221801
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 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> Mrs. Emma M Rosow		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 122 Green Way		<b>Transaction ID:</b> 2230835
City State Zip Code Wayland MA 01778	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) ..... ▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1468 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Lyn M. Ross		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 1116 Barberrry Road		<b>Transaction ID:</b> 2222255	
City State Zip Code Bryn Mawr PA 19010	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 ▼ 750.00		
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. Lynne Ross		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 1457 Waggaman Circle		<b>Transaction ID:</b> 2220607	
City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Executive	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Janice G. Rosse		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 78 Lakeview		<b>Transaction ID:</b> 2228364	
City State Zip Code Irvine CA 92604	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) ▼			

<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 1469 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Catherine E. Rossi-Roos		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 5 Bellflower Lane		<b>Transaction ID:</b> 2221630
City State Zip Code San Carlos CA 94070	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Roos Instruments Inc.	Occupation Chief Operating Officer	
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. Glenda M. Rothberg		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 319 Gravilla Street		<b>Transaction ID:</b> 2224991
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 lawyer	
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. Glenda M. Rothberg		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 319 Gravilla Street		<b>Transaction ID:</b> 2231325
City State Zip Code La Jolla CA 92037	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer none	Occupation lawyer	
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) .....	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 1470 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Valerie Rowe		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 300 Central Park West 29G		<b>Transaction ID:</b> 2221515
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 Fordham University	Occupation Student	
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. Karen S. Rubinson		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007
Mailing Address 800 West End Avenue		<b>Transaction ID:</b> 2222667
City State Zip Code New York NY 10025	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Archaeologist	
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. Kristy W. Rudel		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 81 Cross Ridge Road		<b>Transaction ID:</b> 2221351
City State Zip Code Chappaqua NY 10514	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Union Privee Asset Mgmt LLC	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1471 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Walta S. Ruff		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007	
Mailing Address 1117 Greenbriar Drive		<b>Transaction ID:</b> 2219844	
City State Zip Code Fort Collins CO 80524	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. Sandra S. Ruliffson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2007	
Mailing Address 1831 St. Andrews Drive		<b>Transaction ID:</b> 2221631	
City State Zip Code Moraga CA 94556	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> A. F. Rumer		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2007	
Mailing Address 155 Jackson Street, Apt. 401		<b>Transaction ID:</b> 2228263	
City State Zip Code San Francisco CA 94111	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 ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1472 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 H. Russell		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 202 Saponi Drive		<b>Transaction ID:</b> 2219631	
City Hillsborough	State NC	Zip Code 27278	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>B.</b> Ms. Deborah Dashow Ruth		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 2 Norwood Avenue		<b>Transaction ID:</b> 2229069	
City Kensington	State CA	Zip Code 94707	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 Writer/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> Ms. Mary C. Ryan		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 1205 S. Hudson Street		<b>Transaction ID:</b> 2221859	
City Denver	State CO	Zip Code 80246	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self	Occupation tai chi 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) ..... ▶	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 1473 / 2428  
(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 J. Ryan

Mailing Address 17 south Ferris Street

City Irvington State NY Zip Code 10533

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Freelance writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2007

Transaction ID: 2226126

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
Terry T. Saario

Mailing Address 34 Park Lane

City Minneapolis State MN Zip Code 55416

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  
MM / DD / YYYY  
03 / 21 / 2007

Transaction ID: 2228756

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Parisa Sabeti

Mailing Address 416 Commonwealth Avenue # 619

City Boston State MA Zip Code 02215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2007

Transaction ID: 2226541

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **670.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1474 / 2428  
(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. Elaine Sanders-Bush

Mailing Address 1711 Stokes Lane

City State Zip Code  
Nashville TN 37215

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  
03 / 05 / 2007

Transaction ID: 2221326

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Samantha Sandler

Mailing Address 31 E. 79th Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2007

Transaction ID: 2227933

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nancy W. Scanlan

Mailing Address 4513 Balcones Drive

City State Zip Code  
Austin TX 78731

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Photographer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2007

Transaction ID: 2224801

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1475 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 D Scarborough		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 209 Good Hill Road		<b>Transaction ID:</b> 2230122	
City State Zip Code Weston CT 06883	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Helen S. Schaefer		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 11701 E. Andalusian Place		<b>Transaction ID:</b> 2230404	
City State Zip Code Tucson AZ 85748	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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ann C Schaffner		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 1096 Main Street, Unit 1		<b>Transaction ID:</b> 2222401	
City State Zip Code Waltham MA 02451	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Franklin W. Olin College of Engineerin	Occupation Administrator		
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) ..... ▶	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 1476 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<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. Jeanne M Schapp</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 220 Hardwick Road		<b>Transaction ID: 2228187</b>	
City State Zip Code Woodside CA 94062	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Visa International	Occupation Retired Project Manager		
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. Jennifer P. Schneider</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 3052 Palamino Park Loop		<b>Transaction ID: 2221622</b>	
City State Zip Code Tucson AZ 85712	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. Kenneth B. Schnide</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 2 Trow Boulevard		<b>Transaction ID: 2221200</b>	
City State Zip Code Red Hook NY 12571	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Columbia Memorial Hospital		Occupation Physician	
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) ..... ▶	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: (check only one)	PAGE 1477 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Schoenmann		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 800 Powell Street		<b>Transaction ID:</b> 2228130	
City State Zip Code San Francisco CA 94108	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Bankruptcy Trustee	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> Mr. Stanley Schroeder		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 572 Wapiti Loop		<b>Transaction ID:</b> 2226289	
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	Aggregate Year-to-Date ▼ 255.00		
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. Le Ann Schuck		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 1241 Princeton Lane		<b>Transaction ID:</b> 2221775	
City State Zip Code West Chester PA 19380	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Homemaker	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1585.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1478 / 2428
	(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. Mrs. Miriam W. Schulman</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 645 Tuallitan Road		<b>Transaction ID: 2224577</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 SELF	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. Ms. Elsa N. Schultz</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 50 Coe Road, #111		<b>Transaction ID: 2224438</b>
City State Zip Code Belleair FL 33756	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 ▼ 1800.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Elsa N. Schultz</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 50 Coe Road, #111		<b>Transaction ID: 2230221</b>
City State Zip Code Belleair FL 33756	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 ▼ 1800.00	

<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: (check only one)	PAGE 1479 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 F. Schumann		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address P.O. Box 813		<b>Transaction ID:</b> 2222017	
City Madison	State CT	Zip Code 06443	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Pam Schuneman		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 809 Oak Pond Drive		<b>Transaction ID:</b> 2220899	
City Osprey	State FL	Zip Code 34229	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kerkering Baberio	Occupation CPA	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. Maryanne Schwarzbach		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 1620 Pankow Drive		<b>Transaction ID:</b> 2219459	
City Geneva	State IL	Zip Code 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.	Occupation Special Planner	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) .....	6250.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="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 Burgher Schweppe		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 1752 North Boulevard		<b>Transaction ID:</b> 2221576	
City State Zip Code Houston TX 77098	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) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Mary Seabury		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 1009 Redwood Lane		<b>Transaction ID:</b> 2228808	
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 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. Olivia Sears		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 2370 Market Street, # 515		<b>Transaction ID:</b> 2230295	
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 Occupation Student	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) ..... ▶	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: (check only one)	PAGE 1481 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 L. Segal		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 2901 Sunset Boulevard		<b>Transaction ID:</b> 2221626	
City State Zip Code Houston TX 77005	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Photographer	Aggregate Year-to-Date ▼ 1300.00		
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. Nina Segre		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address P.O. Box 34648		<b>Transaction ID:</b> 2221590	
City State Zip Code Philadelphia PA 19101	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MONTgomery McCracken Occupation lawyer	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Susan Seidel		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 425 East 63rd Street		<b>Transaction ID:</b> 2222080	
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 Self Occupation Art Dealer	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) ..... ▶	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: (check only one)	PAGE 1482 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Phyllis H. Selber		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 1204 Ripple Creek		<b>Transaction ID:</b> 2229585	
City State Zip Code Houston TX 77057	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Edward M Selfe		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 3664 Lohe Rd		<b>Transaction ID:</b> 2231190	
City State Zip Code Kalaheo HI 96741	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed Occupation Musician	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. Christine Sellge		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 30 Copper Beech Road		<b>Transaction ID:</b> 2224694	
City State Zip Code Greenwich CT 06830	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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1483 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 M. Senter		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address P.O. Box 364		<b>Transaction ID:</b> 2227984	
City Cos Cob	State CT	Amount of Each Receipt this Period 250.00	
Zip Code 06807		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. Peg Senturia		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 98 Crowninshield Road		<b>Transaction ID:</b> 2230473	
City Brookline	State MA	Amount of Each Receipt this Period 200.00	
Zip Code 02446		FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation Retired	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>C.</b> Ms. Mallory C. Shaddix		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2007	
Mailing Address 11920 N. Durette		<b>Transaction ID:</b> 2229589	
City Houston	State TX	Amount of Each Receipt this Period 300.00	
Zip Code 77024		FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation Retired	Aggregate Year-to-Date ▼ 1300.00	
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: (check only one)	PAGE 1484 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Shamos		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 766 Monaco Pkwy		<b>Transaction ID:</b> 2219759
City State Zip Code Denver CO 80220	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Centus Counseling	Occupation Psychologist	
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. Patricia F. Shanks		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 783 Contra Costa Avenue		<b>Transaction ID:</b> 2224540
City State Zip Code Berkeley CA 94707	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>C.</b> Ms. Kerry A. Shannon		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 1800 Limerick Court		<b>Transaction ID:</b> 2227946
City State Zip Code Darien IL 60561	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PricewaterhouseCoopers, LLP	Occupation Healthcare Consult.	
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) ..... ▶	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 1485 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Carleton B. Shay</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 1229 Cabrillo Park Drive		<b>Transaction ID: 2230170</b>	
City State Zip Code Santa Ana CA 92701	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. Mrs. Joan B. Shayne</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 909 Bowring Park		<b>Transaction ID: 2219467</b>	
City State Zip Code Nashville TN 37215	Amount of Each Receipt this Period 1500.00		
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. Mrs. Sylvia C. Sheketoff</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 4989 Pineview Drive		<b>Transaction ID: 2219575</b>	
City State Zip Code Delray Beach FL 33445	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) ..... ▶	1850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1486 / 2428  
(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. Judith W. Sheldon

Mailing Address 1965 Pacific Avenue

City State Zip Code  
San Francisco CA 94109

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  
03 / 19 / 2007

**Transaction ID: 2227835**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Beverly Sheldon

Mailing Address 9032 Monte Mar Drive

City State Zip Code  
Los Angeles CA 90035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2007

**Transaction ID: 2224920**

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Michaelyn K. Shelley-David

Mailing Address 882 Fielding Drive

City State Zip Code  
Palo Alto CA 94303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
IBM Sales Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

**Transaction ID: 2224589**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **685.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1487 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Kitty P. Sherwin		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 7017 Arandale Road		<b>Transaction ID:</b> 2224514
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>		
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> Dr. Elizabeth F Shipley		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 805 Hagys Ford Road		<b>Transaction ID:</b> 2223162
City State Zip Code Narberth PA 19072	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. Carrie G. Shoemake		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 2001 Bolsover		<b>Transaction ID:</b> 2224711
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 Occupation Glassman Shoemake Maldonado Architects Architect		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1488 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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. Clyde E Shorey, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 3033 West Lane Keys NW		<b>Transaction ID:</b> 2231469
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	\$50 trans to NF 4/12/07	
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Clyde E Shorey, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 3033 West Lane Keys NW		<b>Transaction ID:</b> 2220417
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 4700.00	
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) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Clyde E Shorey, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 3033 West Lane Keys NW		<b>Transaction ID:</b> 2224419
City State Zip Code Washington DC 20007	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 ▼ 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) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1490 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 Silberman		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 1629 Pelican Cove Rd Apt Ba134 Apt. BA1		Transaction ID: 2227928 Amount of Each Receipt this Period 100.00
City State Zip Code Sarasota FL 34231	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. Barbara Silverman		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 9840 SW 63rd Court		Transaction ID: 2222356 Amount of Each Receipt this Period 250.00
City State Zip Code Miami FL 33156	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 Attorney Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ruth-Ellen H. Simmonds		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 50 East 89th Street - #16C		Transaction ID: 2222074 Amount of Each Receipt this Period 300.00
City State Zip Code New York NY 10128	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 Executive Aggregate Year-to-Date ▼ 300.00	

<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 1491 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Margo C Simmons		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 5 Trillium Lane		<b>Transaction ID:</b> 2230599	
City Falmouth	State ME	Zip Code 04105	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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Terri E. Simon		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 103 Greenacres Avenue		<b>Transaction ID:</b> 2223183	
City Scarsdale	State NY	Zip Code 10583	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer McGuire Kehht & Nealanup	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>C.</b> Dr. Jeanne M. Sing		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 68-1050 Mauna Lani Pt Drive # 204D		<b>Transaction ID:</b> 2230203	
City Kamuela	State HI	Zip Code 96743	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 ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1492 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input 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. Glen M. Skar		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 28 Cutler Street		<b>Transaction ID:</b> 2227527
City State Zip Code Morristown NJ 07960	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Telcordia	Occupation Software Engineer	
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> Dr. Barry P. Skeist		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 738 Douglas Drive		<b>Transaction ID:</b> 2228125
City State Zip Code Waverly NY 14892	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Guthrie Clinic	Occupation Radiologist	
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. Anne R Skinner		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007
Mailing Address 57 Woodlawn Dr.		<b>Transaction ID:</b> 2220388
City State Zip Code Williamstown MA 01267	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Williams College	Occupation 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) ..... ▶	900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Katherine G. Sluka		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 925 23rd Street		<b>Transaction ID:</b> 2227732	
City State Zip Code Cody WY 82414	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 ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Martha E. Smiley		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 413 W. Live Oak Street		<b>Transaction ID:</b> 2229060	
City State Zip Code Austin TX 78704	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 Attorney Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Linda Smircich		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 24 Daniel Shays Hwy		<b>Transaction ID:</b> 2230579	
City State Zip Code Belchertown MA 01007	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 Professor Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1494 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Eleanora Hartley Smith		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 100 Newbury Ct Apt 304		<b>Transaction ID:</b> 2223870
City State Zip Code Concord MA 01742	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. Polly P Smith		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 307 East 12th Street #4B		<b>Transaction ID:</b> 2224505
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Costume Designer	
Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Suzelle M. Smith		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 3574 Serre Road		<b>Transaction ID:</b> 2221500
City State Zip Code Malibu CA 90265	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Howarth & Smith Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Lawyer	
Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	585.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1495 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input 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. Edgar Smith		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address P.O. Box 989 731 Marina Street		<b>Transaction ID:</b> 2220913
City Morro Bay State CA Zip Code 93443	Amount of Each Receipt this Period 20.80	
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 ▼ 220.80	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Edgar Smith		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address P.O. Box 989 731 Marina Street		<b>Transaction ID:</b> 2223091
City Morro Bay State CA Zip Code 93443	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 ▼ 220.80	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Frances H. Snedeker		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 20 Linden Ave		<b>Transaction ID:</b> 2224945
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	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	62.30
<b>TOTAL</b> This Period (last page this line number 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 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<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. Jeanne Snodgrass</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 10501 Lagrima De Oro NE		<b>Transaction ID: 2230513</b>	
City State Zip Code Albuquerque NM 87111	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 750.00		
Name of Employer Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Maxine Snyder</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 7280 Romero Drive		<b>Transaction ID: 2219746</b>	
City State Zip Code La Jolla CA 92037	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 500.00		
Name of Employer Occupation Self Mom	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Jill A. Soffer</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 426 East Rustic Road		<b>Transaction ID: 2222083</b>	
City State Zip Code Santa Monica CA 90402	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 1000.00		
Name of Employer Occupation Self Real Estate Developer	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) ..... ▶	2000.00

# 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 1497 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Marian Sole		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 42 Three Mile Course		<b>Transaction ID:</b> 2223822
City State Zip Code Guilford CT 06437	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Mony	Occupation VP of Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Alan M. Solinger		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 6895 Elverton Drive		<b>Transaction ID:</b> 2224688
City State Zip Code Oakland CA 94611	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer XOMA(US)LLD	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Alan M. Solinger		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 6895 Elverton Drive		<b>Transaction ID:</b> 2229293
City State Zip Code Oakland CA 94611	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer XOMA(US)LLD	Occupation 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) .....	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 1498 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 03 / 19 / 2007
Mailing Address 6760 Kenwood Forest Lane		<b>Transaction ID:</b> 2225185
City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation DHHS/NIH Scientist/Administrator		
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> Mrs. Viola Spalding		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 43641 Henson Road		<b>Transaction ID:</b> 2230199
City State Zip Code Hempstead TX 77445	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 ▼ 1350.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Alice W. Specht		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 918 Grand Avenue		<b>Transaction ID:</b> 2225278
City State Zip Code Abilene TX 79605	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Hardin-Simmons University Librarian		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1165.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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. Sydney B. Spofford		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 1954 Michigan Avenue		<b>Transaction ID:</b> 2223977	
City Marysville	State MI	Amount of Each Receipt this Period 100.00	
Zip Code 48040		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 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> Dr. Duane C. Spriestersbach		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 2 Longview Knoll NE		<b>Transaction ID:</b> 2223991	
City Iowa City	State IA	Amount of Each Receipt this Period 250.00	
Zip Code 52240		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Duane C. Spriestersbach		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 2 Longview Knoll NE		<b>Transaction ID:</b> 2230202	
City Iowa City	State IA	Amount of Each Receipt this Period 250.00	
Zip Code 52240		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	600.00

# 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 1500 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input 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. Merle Sprinzen		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 67 Riverside Drive # 9C		Transaction ID: 2220153
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 Zyman Group	Occupation marketing 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. Mae Stadler		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 28 Bretano Way		Transaction ID: 2221613
City State Zip Code Greenbrae CA 94904	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 ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mae Stadler		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 28 Bretano Way		Transaction ID: 2226844
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 ▼ 650.00	

<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 1501 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 Jean Stallings		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007
Mailing Address 651 Sinex #L-116		<b>Transaction ID:</b> 2222684
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 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. Judith Stapelmann		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address 4161 Cresta		<b>Transaction ID:</b> 2221868
City State Zip Code Santa Barbara CA 93110	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> Mr. John B. Stearns		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007
Mailing Address 73 Margin Street, Apt. T1		<b>Transaction ID:</b> 2222748
City State Zip Code Peabody MA 01960	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) ..... ▶	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 1502 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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 B. Stearns		Date of Receipt M M / D D / Y Y Y Y Y 03 / 19 / 2007
Mailing Address 73 Margin Street, Apt. T1		<b>Transaction ID:</b> 2227056
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 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. Cathrine S. Steck		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007
Mailing Address 329 West 87th Street		<b>Transaction ID:</b> 2219902
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 5000.00	
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 full time parent Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Leslie A. Steen		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007
Mailing Address 3001 Veazey Terrace, NW # 1610		<b>Transaction ID:</b> 2222383
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Community Preservation and Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation management Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5275.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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. Lael Stegall		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 102 Old Place Road		<b>Transaction ID:</b> 2230217	
City State Zip Code Deer Isle ME 04627	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 ▼ 1400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Lael Stegall		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 102 Old Place Road		<b>Transaction ID:</b> 2230218	
City State Zip Code Deer Isle ME 04627	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 ▼ 1400.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Michael S. Stein		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address One Morgan Avenue		<b>Transaction ID:</b> 2230126	
City State Zip Code Norwalk CT 06851	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer stein   troost Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Architect Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 L. Stepanovich</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 86 Mansur Rd		<b>Transaction ID: 2220024</b>	
City State Zip Code Hamden CT 06514	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Wilkes University	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. Ms. Nancy Stephens</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 255 North Saltair Avenue		<b>Transaction ID: 2231205</b>	
City State Zip Code Los Angeles CA 90049	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Actress		
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. Ms. Gail R Stephens</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 4 Santa Lucia		<b>Transaction ID: 2219877</b>	
City State Zip Code Orinda CA 94563	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 ▼ 2800.00		

<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 1505 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Harriet Stephenson		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 7341 58th NE		<b>Transaction ID:</b> 2222516	
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 Seattle University	Occupation Prof of Mgmt		
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. Judith H. Sterling		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 4932 Crestwood Drive		<b>Transaction ID:</b> 2227704	
City State Zip Code Waco TX 76710	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 ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Judith H. Sterling		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 4932 Crestwood Drive		<b>Transaction ID:</b> 2226720	
City State Zip Code Waco TX 76710	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 ▼ 220.00		

<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: (check only one)	PAGE 1506 / 2428
	<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. Roanne N Stern

Mailing Address 1400 Hermann Drive, #17E

City State Zip Code  
Houston TX 77004

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Photographer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2007

Transaction ID: 2220387

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Roslyne Paige Stern

Mailing Address 1930 Broadway, Ste. 25C

City State Zip Code  
New York NY 10023

FEC ID number of contributing federal political committee. **C**

Name of Employer Dance Magazine Occupation Publisher/President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224469

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth G Stevens

Mailing Address 3050 Avon Lane, NW

City State Zip Code  
Washington DC 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation None

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 28 / 2007

Transaction ID: 2230408

Amount of Each Receipt this Period  
1300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1507 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 B. Stewart		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 2300 Underwood		<b>Transaction ID:</b> 2231327	
City State Zip Code Houston TX 77030	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Doris Stillman		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 125 56th Avenue, S. Apt. 33		<b>Transaction ID:</b> 2230510	
City State Zip Code St. Petersburg FL 33705	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 ▼ 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. Kate Stillman		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 65 Paces West Ct NW		<b>Transaction ID:</b> 2229952	
City State Zip Code Atlanta GA 30327	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Lawyer	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) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1508 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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. Tracy Stone</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 2041 Blake Ave		<b>Transaction ID: 2225142</b>
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 ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Ann L. Stone</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 3484 S Utah Street		<b>Transaction ID: 2219843</b>
City State Zip Code Arlington VA 22206	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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Norma K Stone</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address 3601 Turtle Creek Blvd. #404		<b>Transaction ID: 2220220</b>
City State Zip Code Dallas TX 75219	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	

<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 1509 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Fleur L. Strand		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address P.O. Box 6359		<b>Transaction ID:</b> 2219679	
City State Zip Code Snowmass Village CO 81615	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer New York University	Occupation Professor Emerita		
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. Toni Strassler		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 287 Kent Street No. 6		<b>Transaction ID:</b> 2219355	
City State Zip Code Brookline MA 02446	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Craftsperson		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Elizabeth L. Strauss		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 10 Haight Road		<b>Transaction ID:</b> 2230321	
City State Zip Code Amenia NY 12501	Amount of Each Receipt this Period 206.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Artist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3206.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1510 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Strong		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 219 37th Avenue E.		<b>Transaction ID:</b> 2223444	
City State Zip Code Seattle WA 98112	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. Celia J. Stuart-Powles		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 3610 E. 24th Street		<b>Transaction ID:</b> 2225495	
City State Zip Code Tulsa OK 74114	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Electrical Designer	Aggregate Year-to-Date ▼ 255.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> M. Lee Stueck		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 6701 W. 167th Street		<b>Transaction ID:</b> 2223389	
City State Zip Code Stilwell KS 66085	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Business Person	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) ..... ▶	585.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<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. Aleta A. Styers</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007	
Mailing Address 301 East 47th Street 10J		<b>Transaction ID: 2222244</b>	
City State Zip Code New York NY 10017	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self Occupation education & real estate	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. Charlotte T. Suhler</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2007	
Mailing Address 188 Long Neck Point Road		<b>Transaction ID: 2229057</b>	
City State Zip Code Darien CT 06820	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) ▼			

Full Name (Last, First, Middle Initial) <b>C. McCawley Suits</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 710 Brooks St		<b>Transaction ID: 2224718</b>	
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 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) ..... ▶	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 1512 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Sullivan		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 2535 Washington Street		<b>Transaction ID:</b> 2221121
City State Zip Code Lincoln NE 68502	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer State of NE Occupation Program Director	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. Pamela K Sutherland		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 2747 E. Third Street		<b>Transaction ID:</b> 2229463
City State Zip Code Tucson AZ 85716	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Arizona List/self Occupation Executive Director/lawyer	Aggregate Year-to-Date ▼ 1750.00	
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. Linda M. Swain		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address 150 Montadale Drive		<b>Transaction ID:</b> 2220864
City State Zip Code Princeton NJ 08540	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) ..... ▶	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 1513 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Switzer, Ph.D.		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 4444 Via Pinzon		<b>Transaction ID:</b> 2221611	
City State Zip Code Palos Verdes Ests CA 90274	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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Ruth Sylwester		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 2027 Coventry Way		<b>Transaction ID:</b> 2225246	
City State Zip Code Eugene OR 97405	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 REQUESTED Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Lois Tarter		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 300 E. 59th Street Apt. 3305		<b>Transaction ID:</b> 2229001	
City State Zip Code New York NY 10022	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 Manager Lakeside Group Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1585.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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 W Tate		Date of Receipt M M / D D / Y Y Y Y Y 03 / 19 / 2007	
Mailing Address 6612 Meadowpark Ct.		<b>Transaction ID:</b> 2225309	
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 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> Dr. Priscilla W Tate		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2007	
Mailing Address 6612 Meadowpark Ct.		<b>Transaction ID:</b> 2230265	
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 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. Tama L. Taub		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007	
Mailing Address 211 Linnie Canal		<b>Transaction ID:</b> 2219735	
City State Zip Code Venice CA 90291	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation The Early Years School Early Childhood Education		
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) ..... ▶	450.00
<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 1515 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Tama L. Taub		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 211 Linnie Canal		<b>Transaction ID:</b> 2230555
City State Zip Code Venice CA 90291	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer The Early Years School	Occupation Early Childhood Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Jean Taylor		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 126 Palm Avenue		<b>Transaction ID:</b> 2221388
City State Zip Code San Rafael CA 94901	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. Penelope A. Taylor		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 1643 Seascape Blvd.		<b>Transaction ID:</b> 2225375
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	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	585.00
<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 1516 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Jean E Taylor		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 201 E 86th St Apt 34D		<b>Transaction ID:</b> 2224241	
City State Zip Code New York NY 10028	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 ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Carol J Teal		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 3109 Cartwright Dr.		<b>Transaction ID:</b> 2225269	
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director	Aggregate Year-to-Date ▼ 602.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ruth L. Thom		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 1813 E. Pole Rd.		<b>Transaction ID:</b> 2228373	
City State Zip Code Everson WA 98247	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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	834.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1517 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Judith E. Thomas

Mailing Address 742 Chestnut Road

City State Zip Code  
Sewickley PA 15143

FEC ID number of contributing federal political committee. **C**

Name of Employer self employed Occupation author

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2007

Transaction ID: 2221901

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Carol T. Thwaites

Mailing Address 6001 4th Street NW

City State Zip Code  
Tillamook OR 97141

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  
03 / 28 / 2007

Transaction ID: 2230600

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Frances Tibbits

Mailing Address P.O. Box 205

City State Zip Code  
Pacific Palisades CA 90272

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  
03 / 16 / 2007

Transaction ID: 2224428

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1518 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Grace W Tiessen		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 714 Prospect Blvd		<b>Transaction ID:</b> 2224922	
City State Zip Code Pasadena CA 91103	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. Johanna Tilbury		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address PO Box 2595		<b>Transaction ID:</b> 2224989	
City State Zip Code Kamuela HI 96743	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 ▼ 220.00		
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. Johanna Tilbury		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address PO Box 2595		<b>Transaction ID:</b> 2230266	
City State Zip Code Kamuela HI 96743	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 ▼ 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) ..... ▶	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 1519 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 Tinsley		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 7305 S Stanley Place		<b>Transaction ID:</b> 2221790	
City State Zip Code Tempe AZ 85283	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Helm & Kyle Ltd.	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.</b> Mr. Frank Tobin		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 324 Crum Creek Lane		<b>Transaction ID:</b> 2229339	
City State Zip Code Newtown Sq PA 19073	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Glaxo Smith Kline	Occupation Scientist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ellen Torrance		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 22C Heritage Crest		<b>Transaction ID:</b> 2229175	
City State Zip Code Southbury CT 06488	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) ..... ▶	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 1520 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Norrene Trama		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 4102 Aspenwood Drive		<b>Transaction ID:</b> 2220007	
City State Zip Code Richmond TX 77469	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation 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.</b> Ms. Norrene Trama		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 4102 Aspenwood Drive		<b>Transaction ID:</b> 2231053	
City State Zip Code Richmond TX 77469	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation 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>C.</b> Ms. Margaret A. Traub		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 145 Hicks Street, Apt. A31		<b>Transaction ID:</b> 2228892	
City State Zip Code Brooklyn NY 11201	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) ..... ▶	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 1521 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 K. Traum		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 7325 Heritage Palms Estate Dr		<b>Transaction ID:</b> 2225204
City State Zip Code Fort Myers FL 33912	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Student		
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. Jackie Traurig		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 3471 Main Hwy Apt 930		<b>Transaction ID:</b> 2231022
City State Zip Code Miami FL 33133	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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Joanne M Travers		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 13210 Lagunita Way		<b>Transaction ID:</b> 2229024
City State Zip Code Sutter Creek CA 95685	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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1522 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<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 03 / 16 / 2007	
Mailing Address 1643 N Larrabee Street Unit I		<b>Transaction ID: 2224633</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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Wenent Trich</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address PO Box 127		<b>Transaction ID: 2222122</b>	
City State Zip Code Judson TX 75660		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	

Full Name (Last, First, Middle Initial) <b>C. Ms. Ruth Trubner</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 919 109th Avenue NE Apt. 1208		<b>Transaction ID: 2223667</b>	
City State Zip Code Bellevue WA 98004		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) ..... ▶	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 1523 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 M. Tvrdik		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 341 Stehman Road		<b>Transaction ID:</b> 2228866
City State Zip Code Lancaster PA 17603	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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Katharine A Uhle		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 2010 Stanley		<b>Transaction ID:</b> 2229993
City State Zip Code Ann Arbor MI 48104	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.</b> Ms. Margaret E. VanGundy		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 1176 Lagonda Avenue		<b>Transaction ID:</b> 2225508
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 255.00	

<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 1524 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 Ventura		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 8028 Shalalce Court		<b>Transaction ID:</b> 2230591	
City State Zip Code Orlando FL 32817	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Easter Seals Florida	Occupation Pres & CEO		
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> Mrs. Celia G. Veselka		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 3305 Robinhood		<b>Transaction ID:</b> 2221553	
City State Zip Code Houston TX 77005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Houston Independent School District	Occupation Classroom teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Virgil E Vickers		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 70 Windermere Road		<b>Transaction ID:</b> 2224082	
City State Zip Code Auburndale MA 02466	Amount of Each Receipt this Period 175.00		
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) ..... ▶	1425.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Janice M. Victor		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 24 Magnolia Lane		<b>Transaction ID:</b> 2223017	
City State Zip Code Caldwell NJ 07006		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation psychoanalyst			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Polly N Victor		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 5543 N. Fresno Apt. D		<b>Transaction ID:</b> 2229152	
City State Zip Code Fresno CA 93710		Amount of Each Receipt this Period 500.00	
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Kathleen Villacorta		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 2057 Florida Avenue		<b>Transaction ID:</b> 2227371	
City State Zip Code Tallahassee FL 32303		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer none Occupation attorney			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00	

<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 1526 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 R. Viskochil		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 3715 Thomas Avenue S.		<b>Transaction ID:</b> 2222234
City State Zip Code Minneapolis MN 55410	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>B.</b> Ms. Estelle H Voeller		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 1365 Tolman Creek Road		<b>Transaction ID:</b> 2230324
City State Zip Code Ashland OR 97520	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. Patricia P Voelz		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 3055 Bentwater Dr		<b>Transaction ID:</b> 2224823
City State Zip Code Montgomery TX 77356	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) ..... ▶	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 1527 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Jannet M. Vreeland		Date of Receipt M M / D D / Y Y Y Y Y 03 / 19 / 2007	
Mailing Address PO Box 13038		<b>Transaction ID:</b> 2227935	
City State Zip Code Reno NV 89507	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer U of NV	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>B.</b> Ms. Maria T. Vullo		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 40 West 77th Street Apt. 16A		<b>Transaction ID:</b> 2224614	
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Paul Weiss et Al.	Occupation Attorney		
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. Leanne C. Wagner		Date of Receipt M M / D D / Y Y Y Y Y 03 / 26 / 2007	
Mailing Address 53 Crestline Road		<b>Transaction ID:</b> 2229998	
City State Zip Code Wayne PA 19087	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Wyeth	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10250.00
<b>TOTAL</b> This Period (last page this line number 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 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Phyllis Waldorf

Mailing Address PO Box 756

City State Zip Code  
New Vernon NJ 07976

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  
03 / 20 / 2007

**Transaction ID: 2228390**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Gretchen Walker

Mailing Address 985 North Lydia

City State Zip Code  
Stephenville TX 76401

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  
03 / 14 / 2007

**Transaction ID: 2224009**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joan Wallace

Mailing Address 101 Chestnut Street, C

City State Zip Code  
Boston MA 02108

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2007

**Transaction ID: 2230356**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</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 1529 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Wallace		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 408 Lincoln Ave		<b>Transaction ID:</b> 2222071	
City State Zip Code Collingswood NJ 08108	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 ▼ 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. Bonnie Wallace-Hoffman		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 3065 70th Avenue SE		<b>Transaction ID:</b> 2221201	
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 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. Barbara M. Walls		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 16836 N. 111th Avenue		<b>Transaction ID:</b> 2220806	
City State Zip Code Sun City AZ 85351	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) ..... ▶	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 1530 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 M. Walls		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 16836 N. 111th Avenue		<b>Transaction ID:</b> 2230129	
City State Zip Code Sun City AZ 85351	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: <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. Ann Walraven		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 209 Menlo Park Road		<b>Transaction ID:</b> 2225883	
City State Zip Code Schenectady NY 12309	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 ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Susan Walsh		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 228 E. 25th Street, Apt. 7		<b>Transaction ID:</b> 2221181	
City State Zip Code New York NY 10010	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 ▼ 300.00		

<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 1531 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 G. Ward		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 412 Stanley Drive		<b>Transaction ID:</b> 2225270
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 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. Doris Waring		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 2911 NW 13th Place		<b>Transaction ID:</b> 2219810
City State Zip Code Corvallis OR 97330	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> Mr. Charles P. Warr		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 2831 27th Street NW		<b>Transaction ID:</b> 2222927
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Scientist Aggregate Year-to-Date ▼ 300.00	

<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 1532 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 P. Warr		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 2831 27th Street NW		<b>Transaction ID:</b> 2223794	
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 USFDA	Occupation Scientist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Joy Warren		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 109 N. Post Oak Lane Ste. 410		<b>Transaction ID:</b> 2230760	
City State Zip Code Houston TX 77024	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>C.</b> Mrs. Joan Webb		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address P.O. Box 4213		<b>Transaction ID:</b> 2219875	
City State Zip Code Carmel CA 93921	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) ..... ▶	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 1533 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 M. Weigel		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 9 Page Farm Road		<b>Transaction ID:</b> 2228121	
City State Zip Code Lincoln MA 01773	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NA Occupation volunteer teacher			
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.</b> Ms. Elaine J. Weinberg		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 100 Via Lido Nord		<b>Transaction ID:</b> 2220822	
City State Zip Code Newport Beach CA 92663	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Attorney			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Nancy L Weiss		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 75 Richare Eger Drive		<b>Transaction ID:</b> 2224310	
City State Zip Code Holyoke MA 01040	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 ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1534 / 2428  
(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. Julie Wells

Mailing Address 1116 E Rockwood Blvd

City State Zip Code  
Spokane WA 99203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wells & Co. Designer

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2007

**Transaction ID: 2228732**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Janet Wells

Mailing Address 1521 Argonne Road

City State Zip Code  
Tallahassee FL 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 07 / 2007

**Transaction ID: 2220902**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Janet Wells

Mailing Address 1521 Argonne Road

City State Zip Code  
Tallahassee FL 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

**Transaction ID: 2231226**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1535 / 2428  
(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 Wendt Pierce

Mailing Address 530 Ashland Avenue

City State Zip Code  
Buffalo NY 14222

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 28 / 2007

**Transaction ID: 2230398**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Effie E. Westervelt

Mailing Address 26 Southridge East

City State Zip Code  
Tiburon CA 94920

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2007

**Transaction ID: 2224232**

Amount of Each Receipt this Period  
4250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Susi Westfall

Mailing Address 525 Allendale Road

City State Zip Code  
Miami FL 33149

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Playwright

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2007

**Transaction ID: 2219314**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4750.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Kyle T. Wheeler		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 1855 Los Pueblos		<b>Transaction ID:</b> 2227899	
City State Zip Code Los Alamos NM 87544	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Los Alamos National Lab	Occupation Technical Writer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Wilma A Wheeler		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2007	
Mailing Address P.O. Box 4008		<b>Transaction ID:</b> 2229580	
City State Zip Code Mammoth CA 93546	Amount of Each Receipt this Period 250.00		
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Lt. Col. Marty Whitehead		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address P.O. Box 90929		<b>Transaction ID:</b> 2229493	
City State Zip Code San Antonio TX 78209	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Whitehurst		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 2703 Westlake Drive		<b>Transaction ID:</b> 2231134	
City State Zip Code Austin TX 78746	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Homemaker	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Joan Whitman		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 719 Majors Path		<b>Transaction ID:</b> 2228981	
City State Zip Code Southampton NY 11968	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self Editor	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. Antoinette Whitmore		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 4 Wentworth Road		<b>Transaction ID:</b> 2230927	
City State Zip Code Melrose MA 02176	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self Employed Political Consultant	Aggregate Year-to-Date ▼ 3700.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<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:	PAGE 1538 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="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 Hohlt Wich		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 3122 Ferndale Street		<b>Transaction ID:</b> 2229429	
City State Zip Code Houston TX 77098	Amount of Each Receipt this Period 600.00		
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 ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Carole L Widmayer		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 333 N. Jefferson # 403		<b>Transaction ID:</b> 2227836	
City State Zip Code Chicago IL 60661	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Reed Business Information	Occupation Publishing		
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. Carole L Widmayer		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 333 N. Jefferson # 403		<b>Transaction ID:</b> 2231217	
City State Zip Code Chicago IL 60661	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Reed Business Information	Occupation Publishing		
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 1539 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Wilbur		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 7989 Alcona		<b>Transaction ID:</b> 2221540	
City Thompsonville	State MI	Zip Code 49683	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. Diane Wilbur		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 7989 Alcona		<b>Transaction ID:</b> 2227981	
City Thompsonville	State MI	Zip Code 49683	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 ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Teresa L Wilde		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 4847 Alminar Avenue		<b>Transaction ID:</b> 2225458	
City La Canada	State CA	Zip Code 91011	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Bank of America Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Banker Aggregate Year-to-Date ▼ 650.00		

<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 1540 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Teresa L Wilde		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2007	
Mailing Address 4847 Alminar Avenue		<b>Transaction ID:</b> 2230235	
City State Zip Code La Canada CA 91011		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Bank of America Banker			
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) Ms. Mary Wilhelmi		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2007	
Mailing Address 10500 Academy Road NE Apt. 129		<b>Transaction ID:</b> 2221596	
City State Zip Code Albuquerque NM 87111		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 ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Marci A. Williams		Date of Receipt M M / D D / Y Y Y Y Y 03 / 26 / 2007	
Mailing Address 44-111 Kahinani Way		<b>Transaction ID:</b> 2229767	
City State Zip Code Kaneohe HI 96744		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Medamerica Mgr. Of Qual. Impr.			
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) ..... ▶	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 1541 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 Boyer Williams		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 750 Weaver Dairy Road, Apt 239		<b>Transaction ID:</b> 2223589	
City State Zip Code Chapel Hill NC 27514	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) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Elizabeth H. Williams		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address One W. 64th Street, Apt. 5H		<b>Transaction ID:</b> 2229836	
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer 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. Donna L. Williamson		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 52 Nace Avenue		<b>Transaction ID:</b> 2226961	
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 ▼ 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) ..... ▶	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 1542 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Harriet Wilson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 26 / 2007	
Mailing Address 237 N. Main Street, Apt. 149		<b>Transaction ID:</b> 2229839	
City State Zip Code S. Yarmouth MA 02664	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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Darla F. Wilson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007	
Mailing Address 2534 Berwyn Road		<b>Transaction ID:</b> 2230951	
City State Zip Code Wilmington DE 19810	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AstraZeneca Pharmaceuticals Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Human Resources Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Isabel Brown Wilson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007	
Mailing Address 910 Travis, Suite 1980		<b>Transaction ID:</b> 2224181	
City State Zip Code Houston TX 77002	Amount of Each Receipt this Period 1000.00		
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 Investments Aggregate Year-to-Date ▼ 1000.00		

<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: (check only one)	PAGE 1543 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Winn		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 2229 Bancroft Place, Apt. 101		<b>Transaction ID:</b> 2220602	
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Volunteer	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. Gertrude Winsberg		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 12750 Hagen Ranch Road		<b>Transaction ID:</b> 2221696	
City State Zip Code Boynton Beach FL 33437	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. Barbara Winston		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 2219 Del Monte		<b>Transaction ID:</b> 2219463	
City State Zip Code Houston TX 77019	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) ..... ▶	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: (check only one)	PAGE 1544 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Agnes S. Wolf		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 1057 Rocky Run Road		<b>Transaction ID:</b> 2222440	
City State Zip Code McLean VA 22102	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 ▼ 2450.00		
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. Agnes S. Wolf		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 1057 Rocky Run Road		<b>Transaction ID:</b> 2223509	
City State Zip Code McLean VA 22102	Amount of Each Receipt this Period 1300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 2450.00		
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. Robyn Wolf		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 4700 SW 80th St		<b>Transaction ID:</b> 2231224	
City State Zip Code Miami FL 33143	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Graphic Designer	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) ..... ▶	2450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1545 / 2428  
(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. D. Anne Wolfe

Mailing Address 38 Seminary Drive

City State Zip Code  
Mahwah NJ 07430

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 ▼  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222072

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Maylene Wong

Mailing Address 1661 Pine Street, # 819

City State Zip Code  
San Francisco CA 94109

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  
03 / 06 / 2007

Transaction ID: 2220228

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Teresa A. Woody

Mailing Address 3654 Belleview Avenue

City State Zip Code  
Kansas City MO 64111

FEC ID number of contributing federal political committee. **C**

Name of Employer Stueve Helder Siegel LLP Occupation  
Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 01 / 2007

Transaction ID: 2219643

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1546 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Woolbright</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 667 Midship Circle		<b>Transaction ID: 2224621</b>	
City State Zip Code Webster NY 14580		Amount of Each Receipt this Period 75.00	
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 ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Susan DeBevoise Wright</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 1 Tuck Drive		<b>Transaction ID: 2219871</b>	
City State Zip Code Hanover NH 03755		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Dartmouth College Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Andrew Wright</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 356 W. 11th Street		<b>Transaction ID: 2227669</b>	
City State Zip Code Claremont CA 91711		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 ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1325.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1547 / 2428  
(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 D. Yanisch

Mailing Address 100 2nd Street NE # 670

City State Zip Code  
Minneapolis MN 55413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Keystone Search consultatn

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2230102

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Morton Yuter

Mailing Address 5 Dover Avenue

City State Zip Code  
Garden City NY 11530

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) ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2007

Transaction ID: 2222400

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Morton Yuter

Mailing Address 5 Dover Avenue

City State Zip Code  
Garden City NY 11530

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) ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222869

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1548 / 2428  
(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. Morton Yuter

Mailing Address 5 Dover Avenue

City State Zip Code  
Garden City NY 11530

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 ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2007

Transaction ID: 2229990

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Andrea E Zelman

Mailing Address 3033 W. Asbury Place

City State Zip Code  
Tampa FL 33611

FEC ID number of contributing federal political committee. **C**

Name of Employer Fowler White Boggs Banker, P.A. Occupation  
attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2223595

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Zigli

Mailing Address US Embassy Beijing, PAS  
PSC 461, Box 50

City State Zip Code  
FPO AP 96521

FEC ID number of contributing federal political committee. **C**

Name of Employer State Department Occupation  
Diplomat

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223314

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1549 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Daphna D. Ziman		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 1006 N Rexford Drive		<b>Transaction ID:</b> 2219179	
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>			
Name of Employer none	Occupation Charity founder		
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. Joseph Solmonese		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 1640 Rhode Island Avenue NW		<b>Transaction ID:</b> 2219181	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period -1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Human Rights Campaign	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

NSF

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Eileen S. Cohen		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 10 East 70th Street		<b>Transaction ID:</b> 2224377	
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 2460.12		
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 ▼ 2460.12		

[MEMO ITEM]  
MEMO(STOCK)

<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 1550 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 R. Droste

Mailing Address 670 Ridgewood Drive

City State Zip Code  
Circleville OH 43113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
City of Circleville, Ohio Director of Public Safety

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1040.23

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2007

Transaction ID: 2224376

Amount of Each Receipt this Period  
1040.23

**[MEMO ITEM]**  
MEMO(STOCK)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary Coffman

Mailing Address HC 72 Box 4

City State Zip Code  
Keyser WV 26726

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  
03 / 30 / 2007

Transaction ID: 2230997

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Earmark Contributions

**C.** Full Name (Last, First, Middle Initial)  
A. Gresh

Mailing Address 3938 Deer Haven Court

City State Zip Code  
Las Vegas NV 89120

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  
03 / 14 / 2007

Transaction ID: 2223565

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter Earmark Contributions

<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 1551 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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  
03 / 22 / 2007

Transaction ID: 2229911

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Earmark Contributions

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Sharon Cherry

Mailing Address 9 Starsdale Circle

City State Zip Code  
Greenville SC 29609

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  
03 / 30 / 2007

Transaction ID: 2230983

Amount of Each Receipt this Period  
10.00

Carol Shea-Porter Earmark Contributions

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jeanne Orphan

Mailing Address 1138 Eolus Avenue

City State Zip Code  
Encinitas CA 92024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229897

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	160.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1552 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. Estella B. Horning

Mailing Address 1602 Magnolia Court

City State Zip Code  
Goshen IN 46526

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  
03 / 30 / 2007

**Transaction ID:** 2230980

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Earmark Contributions

**B.** Full Name (Last, First, Middle Initial)  
Mr. David Ringrose

Mailing Address 2463 Mission Carmel Cv

City State Zip Code  
Del Mar CA 92014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U. Cal. San Diego Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

**Transaction ID:** 2223558

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Earmark Contributions

**C.** Full Name (Last, First, Middle Initial)  
Mr. William Winternitz

Mailing Address 53 Guildswood

City State Zip Code  
Tuscaloosa AL 35401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

**Transaction ID:** 2229925

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Earmark Contributions

<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 1553 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. June M. Tablak		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 1905 Adele Place		<b>Transaction ID:</b> 2229885	
City State Zip Code San Jose CA 95125	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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. Murray Zeisel		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 10 Village Ct		<b>Transaction ID:</b> 2231000	
City State Zip Code Demarest NJ 07627	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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. Doris H. Crowley		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 2 Cornwallis Sq.		<b>Transaction ID:</b> 2229903	
City State Zip Code Newark DE 19713	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Earmark Contributions		
Name of Employer Occupation Self Artist	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) ..... ▶	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 1554 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Elinor Coleman		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 210 N. Lee Street, Ste. 201		<b>Transaction ID:</b> 2223580
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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> Ms. Joyce Weissbach		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 16922 Timberlakes Drive		<b>Transaction ID:</b> 2229888
City State Zip Code Fort Myers FL 33908	Amount of Each Receipt this Period 33.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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. Natalie Rogers		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 171 Nelson Way		<b>Transaction ID:</b> 2229892
City State Zip Code Sebastopol CA 95472	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Earmark Contributions	
Name of Employer Occupation Psychologist	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) ..... ▶	63.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Olive Hobbs		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 952 Ravenna Road		<b>Transaction ID:</b> 2223590	
City State Zip Code Kent OH 44240		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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. Elizabeth E. Gallagher		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 8 Strong Place		<b>Transaction ID:</b> 2229944	
City State Zip Code Brooklyn NY 11231		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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>C.</b> Full Name (Last, First, Middle Initial) Mrs. Louise Boyer Williams		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 750 Weaver Dairy Road, Apt 239		<b>Transaction ID:</b> 2223587	
City State Zip Code Chapel Hill NC 27514		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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) .....	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 1556 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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 Willford		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 27887 Brownsville Road		Transaction ID: 2223547
City State Zip Code Brownsville OR 97327	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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. Linda E. Goodwin		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 508 South 15th Court		Transaction ID: 2223541
City State Zip Code Saint Charles IL 60174	Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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. Rosa Metcalf		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 18 Hope Street		Transaction ID: 2229880
City State Zip Code Hempstead NY 11550	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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) .....	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 1557 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 Randolph		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 1111 18th Avenue		<b>Transaction ID:</b> 2229879
City State Zip Code Delano CA 93215	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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> Pat Handley		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 4022 S Warmwater Ave		<b>Transaction ID:</b> 2229901
City State Zip Code Springfield MO 65804	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Earmark Contributions	
Name of Employer Occupation Phographer	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. Lois C. Schultter		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 10655 57th Avenue N.		<b>Transaction ID:</b> 2230986
City State Zip Code Plymouth MN 55442	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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) ..... ▶	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 1558 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Helen K. Layng</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 3417 Landstrom Rd		<b>Transaction ID: 2230971</b>	
City State Zip Code Rockford IL 61107	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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. Mrs. Charlotte Masters</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 917 Four Seasons Drive		<b>Transaction ID: 2230992</b>	
City State Zip Code Wayne NJ 07470	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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. Ms. Frances L. Moran</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 3344 Harbour Drive		<b>Transaction ID: 2229928</b>	
City State Zip Code Mount Dora FL 32757	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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) ..... ▶	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:	PAGE 1559 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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. Charleen Z. Behrschmidt

Mailing Address 1306 Parkhill Court

City State Zip Code  
Camarillo CA 93010

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  
03 / 22 / 2007

**Transaction ID: 2229898**

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Earmark Contributions

**B.** Full Name (Last, First, Middle Initial)  
Ms. Claire Phillips

Mailing Address P.O. Box 1249

City State Zip Code  
Big Timber MT 59011

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  
03 / 22 / 2007

**Transaction ID: 2229946**

Amount of Each Receipt this Period  
83.33

Carol Shea-Porter Earmark Contributions

**C.** Full Name (Last, First, Middle Initial)  
Mr. Randall Oliver

Mailing Address 922 N. Battin Street

City State Zip Code  
Wichita KS 67208

FEC ID number of contributing 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  
03 / 22 / 2007

**Transaction ID: 2229922**

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>233.33</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 1560 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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> Mr. Allan J. Lindrup		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 5502 S. Hyde Park Blvd. # 2		Transaction ID: 2229916
City State Zip Code Chicago IL 60637	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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. Carol A. Hanner		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 5345 Safforn Avenue		Transaction ID: 2230973
City State Zip Code Dunwoody GA 30338	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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> Mr. Joseph Ginocchio		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 635 Camino Rancheros		Transaction ID: 2223555
City State Zip Code Santa Fe NM 87505	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Earmark Contributions
Name of Employer Occupation Scientist	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) ..... ▶	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: (check only one)	PAGE 1561 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. Edward H. Walworth, Jr.

Mailing Address 25 Lambert Road

City State Zip Code  
New Canaan CT 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

**Transaction ID: 2230957**

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Earmark Contributions

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jeni L. Passard

Mailing Address 25384 19th Street

City State Zip Code  
San Bernardino CA 92404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

**Transaction ID: 2229874**

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter Earmark Contributions

**C.** Full Name (Last, First, Middle Initial)  
Dr. Estella B. Horning

Mailing Address 1602 Magnolia Court

City State Zip Code  
Goshen IN 46526

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  
03 / 30 / 2007

**Transaction ID: 2230981**

Amount of Each Receipt this Period  
50.00

Gabby Giffords Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1562 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Shea		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 13434 Adair Creek Way NE		Transaction ID: 2229908
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>		Gabby Giffords Earmark Co- ntributions
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. Carol Braun		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 8949 E. Jewell Circle		Transaction ID: 2229932
City State Zip Code Denver CO 80231	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Earmark Co- ntributions
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. Jane Randolph		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 1111 18th Avenue		Transaction ID: 2229878
City State Zip Code Delano CA 93215	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Earmark Co- ntributions
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) ..... ▶	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 1563 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Charleen Z. Behrschmidt

Mailing Address 1306 Parkhill Court

City State Zip Code  
Camarillo CA 93010

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  
03 / 22 / 2007

**Transaction ID: 2229899**

Amount of Each Receipt this Period  
50.00

Gabby Giffords Earmark Co-  
ntributions

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marjorie Lev

Mailing Address 4536 20th Avenue NE

City State Zip Code  
Seattle WA 98105

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  
03 / 14 / 2007

**Transaction ID: 2223584**

Amount of Each Receipt this Period  
25.00

Gabby Giffords Earmark Co-  
ntributions

**C.** Full Name (Last, First, Middle Initial)  
Mrs. June M. Tablak

Mailing Address 1905 Adele Place

City State Zip Code  
San Jose CA 95125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

**Transaction ID: 2229886**

Amount of Each Receipt this Period  
25.00

Gabby Giffords Earmark Co-  
ntributions

<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 1564 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Doris H. Crowley Mailing Address 2 Cornwallis Sq. City State Zip Code Newark DE 19713 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>0</td><td>3</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: 2229902 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Gabby Giffords Earmark Co- ntributions Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Artist Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>0.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	0	7	100.00	0.00
M	M	/	D	D	/	Y	Y	Y	Y															
0	3		2	2		2	0	0	7															
100.00																								
0.00																								

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Sharon Cherry Mailing Address 9 Starsdale Circle City State Zip Code Greenville SC 29609 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>0</td><td>3</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: 2230982 Amount of Each Receipt this Period <table border="1"> <tr> <td>10.00</td> </tr> </table> Gabby Giffords Earmark Co- ntributions Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation REQUESTED Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>0.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	7	10.00	0.00
M	M	/	D	D	/	Y	Y	Y	Y															
0	3		3	0		2	0	0	7															
10.00																								
0.00																								

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Maggie A. Moir Mailing Address 1937 Valley Drive City State Zip Code Hermosa Beach CA 90254 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>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2223578 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Gabby Giffords Earmark Co- ntributions Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation REQUESTED Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>0.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0	7	100.00	0.00
M	M	/	D	D	/	Y	Y	Y	Y															
0	3		1	4		2	0	0	7															
100.00																								
0.00																								

<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 1565 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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 E. Gallagher		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 8 Strong Place		<b>Transaction ID:</b> 2229942	
City State Zip Code Brooklyn NY 11231		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Earmark Co- ntributions	
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. Barbara Johnson		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 3548 Greenfield Place		<b>Transaction ID:</b> 2230967	
City State Zip Code Carmel CA 93923		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Earmark Co- ntributions	
Name of Employer Occupation Self Artist		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. Jeanne Orphan		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 1138 Eolus Avenue		<b>Transaction ID:</b> 2229896	
City State Zip Code Encinitas CA 92024		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Earmark Co- ntributions	
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) ..... ▶	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: (check only one)	PAGE 1566 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Sophie L. Lovinger		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 4 South Held Circle		Transaction ID: 2229872	
City State Zip Code Charleston SC 29412	Amount of Each Receipt this Period 27.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Earmark Contributions	
Name of Employer retired	Occupation Psychologist	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> Ms. Helen K. Layng		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 3417 Landstrom Rd		Transaction ID: 2230969	
City State Zip Code Rockford IL 61107	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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)		Aggregate Year-to-Date 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Leila J. Bennett		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 4301 N 21st St Unit 1		Transaction ID: 2223538	
City State Zip Code Phoenix AZ 85016	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Earmark Contributions	
Name of Employer Cochise College	Occupation Dir. Pers. Serv.	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) .....	97.00
<b>TOTAL</b> This Period (last page this line number only) .....	97.00

**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 1567 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Elinor Coleman

Mailing Address 210 N. Lee Street, Ste. 201

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  
03 / 14 / 2007

Transaction ID: 2223581

Amount of Each Receipt this Period  
10.00

Gabby Giffords Earmark Co-  
ntributions

**B.** Full Name (Last, First, Middle Initial)  
Ms. Reva Segall

Mailing Address 456 Cornell Avenue

City State Zip Code  
San Mateo CA 94402

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  
03 / 14 / 2007

Transaction ID: 2223551

Amount of Each Receipt this Period  
50.00

Gabby Giffords Earmark Co-  
ntributions

**C.** Full Name (Last, First, Middle Initial)  
Ms. Linda E. Goodwin

Mailing Address 508 South 15th Court

City State Zip Code  
Saint Charles IL 60174

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  
03 / 14 / 2007

Transaction ID: 2223540

Amount of Each Receipt this Period  
5.00

Gabby Giffords Earmark Co-  
ntributions

<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: (check only one)	PAGE 1568 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <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 F. Dubin		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 1 Northern Drive		<b>Transaction ID:</b> 2230964	
City State Zip Code Bridgewater NJ 08807		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Earmark Co- ntributions	
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>B.</b> Full Name (Last, First, Middle Initial) Dr. Lois C. Schullter		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 10655 57th Avenue N.		<b>Transaction ID:</b> 2230985	
City State Zip Code Plymouth MN 55442		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Earmark Co- ntributions	
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. Gail F. Paine		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 312 Rte. 16A		<b>Transaction ID:</b> 2229910	
City State Zip Code Intervale NH 03845		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Earmark Co- ntributions	
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) ..... ▶	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 1569 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Natalie Rogers

Mailing Address 171 Nelson Way

City State Zip Code  
Sebastopol CA 95472

FEC ID number of contributing federal political committee. **C**

Name of Employer 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  
03 / 22 / 2007

Transaction ID: 2229893

Amount of Each Receipt this Period  
20.00

Gabby Giffords Earmark Co-  
ntributions

**B.** Full Name (Last, First, Middle Initial)  
Ms. Claire Phillips

Mailing Address P.O. Box 1249

City State Zip Code  
Big Timber MT 59011

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  
03 / 22 / 2007

Transaction ID: 2229947

Amount of Each Receipt this Period  
83.34

Gabby Giffords Earmark Co-  
ntributions

**C.** Full Name (Last, First, Middle Initial)  
Mr. Allan J. Lindrup

Mailing Address 5502 S. Hyde Park Blvd. # 2

City State Zip Code  
Chicago IL 60637

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229917

Amount of Each Receipt this Period  
20.00

Gabby Giffords Earmark Co-  
ntributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	123.34
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. David Ringrose		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 2463 Mission Carmel Cv		Transaction ID: 2223557
City State Zip Code Del Mar CA 92014	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Gabby Giffords Earmark Co-ntributions	
Name of Employer Occupation U. Cal. San Diego 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> Mr. William Willford		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 27887 Brownsville Road		Transaction ID: 2223548
City State Zip Code Brownsville OR 97327	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C	Gabby Giffords Earmark Co-ntributions	
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. Allen Veaner		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address PO Box 30786		Transaction ID: 2229927
City State Zip Code Tucson AZ 85751	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Gabby Giffords Earmark Co-ntributions	
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 1571 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 A. Hanner		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 5345 Safforn Avenue		Transaction ID: 2230974
City State Zip Code Dunwoody GA 30338	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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)	Aggregate Year-to-Date 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Joseph Ginocchio		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 635 Camino Rancheros		Transaction ID: 2223554
City State Zip Code Santa Fe NM 87505	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Earmark Contributions	
Name of Employer Occupation LANL Scientist	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. Frances Latterell		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address PO Box 3609		Transaction ID: 2229937
City State Zip Code Shepherdstown WV 25443	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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)	Aggregate Year-to-Date 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1572 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 W. Lefevre		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 265 Wyoming Street W		Transaction ID: 2229940
City State Zip Code Saint Paul MN 55107	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Earmark Co-ntributions	
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. Jeni L. Passard		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 25384 19th Street		Transaction ID: 2229875
City State Zip Code San Bernardino CA 92404	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Earmark Co-ntributions	
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. Murray Zeisel		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 10 Village Ct		Transaction ID: 2230999
City State Zip Code Demarest NJ 07627	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Earmark Co-ntributions	
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) ..... ▶	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 1573 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input 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 Boyer Williams		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 750 Weaver Dairy Road, Apt 239		Transaction ID: 2223588
City State Zip Code Chapel Hill NC 27514	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Earmark Co-ntributions	
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. Joyce Weissbach		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 16922 Timberlakes Drive		Transaction ID: 2229890
City State Zip Code Fort Myers FL 33908	Amount of Each Receipt this Period 34.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Earmark Co-ntributions	
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. Marion Schacter		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 60 1st Avenue # 161		Transaction ID: 2223571
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>	Gabby Giffords Earmark Co-ntributions	
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) ..... ▶	109.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Charlotte Masters</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 917 Four Seasons Drive		<b>Transaction ID: 2230993</b>	
City State Zip Code Wayne NJ 07470	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Earmark Co-ntributions	
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. Rita E. Freeland</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address PO Box 328		<b>Transaction ID: 2230979</b>	
City State Zip Code Eagles Mere PA 17731	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Earmark Co-ntributions	
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. Mr. Randall Oliver</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 922 N. Battin Street		<b>Transaction ID: 2229920</b>	
City State Zip Code Wichita KS 67208	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Earmark Co-ntributions	
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) ..... ▶	130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Shea		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 13434 Adair Creek Way NE		Transaction ID: 2229907
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>	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)	Aggregate Year-to-Date 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Eva Sulon		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 612 Burlingame Avenue		Transaction ID: 2229906
City State Zip Code Burlingame CA 94010	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)	Aggregate Year-to-Date 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Guillermo Cosma		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 803 Druid Road S.		Transaction ID: 2229924
City State Zip Code Clearwater FL 33756	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Earmarked Contributions	
Name of Employer Occupation Guillermo W Cosma Physician	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) .....	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 1576 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. Sylvia A. Cunningham

Mailing Address 5896 East Linda  
RR 4 Box 654

City Rogersville State MO Zip Code 65742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 14 / 2007

Transaction ID: 2223536

Amount of Each Receipt this Period  
10.00

Hillary Clinton Earmarked Contributions

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marjorie Hart-Moore

Mailing Address 5844 West Have Drive

City Fort Worth State TX Zip Code 76132

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 14 / 2007

Transaction ID: 2223561

Amount of Each Receipt this Period  
25.00

Hillary Clinton Earmarked Contributions

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Evelyne Walborsky

Mailing Address 2426 West Prospect Road

City Tampa State FL Zip Code 33629

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  
03 / 14 / 2007

Transaction ID: 2223530

Amount of Each Receipt this Period  
50.00

Hillary Clinton Earmarked Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	85.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1577 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 McCune

Mailing Address 8128 Juniper Drive

City State Zip Code  
Shawnee Msn. KS 66208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

**Transaction ID: 2229891**

Amount of Each Receipt this Period  
50.00

Hillary Clinton Earmarked Contributions

**B.** Full Name (Last, First, Middle Initial)  
Mr. William Winternitz

Mailing Address 53 Guildswood

City State Zip Code  
Tuscaloosa AL 35401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

**Transaction ID: 2229926**

Amount of Each Receipt this Period  
50.00

Hillary Clinton Earmarked Contributions

**C.** Full Name (Last, First, Middle Initial)  
Dr. Toni Lhommedieu

Mailing Address 231 Smithfield Road

City State Zip Code  
Smithfield PA 15478

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  
03 / 22 / 2007

**Transaction ID: 2229913**

Amount of Each Receipt this Period  
25.00

Hillary Clinton Earmarked Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>125.00</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 1578 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mary L. 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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

Transaction ID: 2230958

Amount of Each Receipt this Period  
50.00

Hillary Clinton Earmarked Contributions

**B.** Full Name (Last, First, Middle Initial)  
Ms. Bethia L. Caffery

Mailing Address 1019 Jungle Avenue North

City State Zip Code  
Saint Petersburg FL 33710

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 30 / 2007

Transaction ID: 2230963

Amount of Each Receipt this Period  
10.00

Hillary Clinton Earmarked Contributions

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elinor Coleman

Mailing Address 210 N. Lee Street, Ste. 201

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 Y  
03 / 14 / 2007

Transaction ID: 2223579

Amount of Each Receipt this Period  
10.00

Hillary Clinton Earmarked Contributions

<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 1579 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 Denur		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 5045 Royal Lane		Transaction ID: 2223573
City State Zip Code Dallas TX 75229	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 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. Leila J. Bennett		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 4301 N 21st St Unit 1		Transaction ID: 2223537
City State Zip Code Phoenix AZ 85016	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 Dir. Pers. Serv.	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. Ellen Clark		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 200 S Ocean Blvd Apt. 130		Transaction ID: 2223572
City State Zip Code Delray Beach FL 33483	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 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) ..... ▶	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 1580 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Lynda Thomas

Mailing Address 130 Deerfoot Road

City State Zip Code  
Southborough MA 01772

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  
03 / 30 / 2007

Transaction ID: 2230984

Amount of Each Receipt this Period  
25.00

Hillary Clinton Earmarked Contributions

**B.** Full Name (Last, First, Middle Initial)  
Dr. Sophie L. Lovinger

Mailing Address 4 South Held Circle

City State Zip Code  
Charleston SC 29412

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired Psychologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229871

Amount of Each Receipt this Period  
27.00

Hillary Clinton Earmarked Contributions

**C.** Full Name (Last, First, Middle Initial)  
Lottie Rose

Mailing Address 4 Commodore Drive Apt. D 435

City State Zip Code  
Emeryville CA 94608

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  
03 / 14 / 2007

Transaction ID: 2223545

Amount of Each Receipt this Period  
25.00

Hillary Clinton Earmarked Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	77.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Kate M. Whitley

Mailing Address 398 Orpheus Avenue

City State Zip Code  
Encinitas CA 92024

FEC ID number of contributing 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  
03 / 22 / 2007

**Transaction ID: 2229881**

Amount of Each Receipt this Period  
50.00

Hillary Clinton Earmarked Contributions

**B.** Full Name (Last, First, Middle Initial)  
Ms. Florence S. Grzeskiewicz

Mailing Address 12607 Blackwell 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 ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2007

**Transaction ID: 2223529**

Amount of Each Receipt this Period  
50.00

Hillary Clinton Earmarked Contributions

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marion Gottlieb

Mailing Address 3800 Foss Rd

City State Zip Code  
St Anthony MN 55421

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  
03 / 22 / 2007

**Transaction ID: 2229929**

Amount of Each Receipt this Period  
10.00

Hillary Clinton Earmarked Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>110.00</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 1582 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Glick

Mailing Address 1909 Cornell Lane

City State Zip Code  
Denton TX 76201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TX Woman's University Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

**Transaction ID: 2230966**

Amount of Each Receipt this Period  
25.00

Hillary Clinton Earmarked Contributions

**B.** Full Name (Last, First, Middle Initial)  
Ms. Alice Salrin

Mailing Address 111 Harrison Street, Apt. A

City State Zip Code  
Bartonville IL 61607

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  
03 / 14 / 2007

**Transaction ID: 2223562**

Amount of Each Receipt this Period  
10.00

Hillary Clinton Earmarked Contributions

**C.** Full Name (Last, First, Middle Initial)  
Ms. Tania S. Malik

Mailing Address 124 Perquimans Drive

City State Zip Code  
Raleigh NC 27609

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Medical Web 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  
03 / 22 / 2007

**Transaction ID: 2229930**

Amount of Each Receipt this Period  
50.00

Hillary Clinton Earmarked Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	85.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1583 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 K. Layng

Mailing Address 3417 Landstrom Rd

City State Zip Code  
Rockford IL 61107

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  
03 / 30 / 2007

Transaction ID: 2230968

Amount of Each Receipt this Period  
20.00

Hillary Clinton Earmarked Contributions

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stanley I. Adelstein

Mailing Address 3390 Kersdale Road

City State Zip Code  
Cleveland OH 44124

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  
03 / 30 / 2007

Transaction ID: 2230962

Amount of Each Receipt this Period  
100.00

Hillary Clinton Earmarked Contributions

**C.** Full Name (Last, First, Middle Initial)  
Ms. Delphine Tucci

Mailing Address 1830 Surfside Court

City State Zip Code  
Discovery Bay CA 94514

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  
03 / 30 / 2007

Transaction ID: 2230977

Amount of Each Receipt this Period  
25.00

Hillary Clinton Earmarked Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1584 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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. Layah Golden		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 12040 Cotorro Way		<b>Transaction ID:</b> 2229935
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>	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>B.</b> Full Name (Last, First, Middle Initial) Ms. Anna M. Bartley		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 3200 Netherland Avenue Apt. 6B		<b>Transaction ID:</b> 2223567
City State Zip Code Bronx NY 10463	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 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>C.</b> Full Name (Last, First, Middle Initial) Ms. Sara T. Sugerman		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 3120 Electra Drive		<b>Transaction ID:</b> 2229934
City State Zip Code Colorado Springs CO 80906	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) ..... ▶	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 1585 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sandra L. Klasky, Ph.D.		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 17323 Citronia Street		<b>Transaction ID:</b> 2229988
City State Zip Code Northridge CA 91325	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Earmarked Contributions	
Name of Employer Occupation Cal. State Univ. Development Director	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. Layah Golden		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 12040 Cotorro Way		<b>Transaction ID:</b> 2229936
City State Zip Code San Diego CA 92128	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 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> Lola Landis		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 1711 Milburn Drive		<b>Transaction ID:</b> 2229883
City State Zip Code Pleasant Hill CA 94523	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 Wells Fargo Bank Accounting	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 1586 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 312 Rte. 16A		Transaction ID: 2229909	
City State Zip Code Intervale NH 03845	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 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. Lynn Gaede		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 31 E. MacArthur Crescent # B204		Transaction ID: 2229938	
City State Zip Code Santa Ana CA 92707	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) ▼			

C. Full Name (Last, First, Middle Initial) Ms. Linda E. Goodwin		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 508 South 15th Court		Transaction ID: 2223542	
City State Zip Code Saint Charles IL 60174	Amount of Each Receipt this Period 5.00		
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) ..... ▶	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 1587 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Jeanne Orphan</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 1138 Eolus Avenue		<b>Transaction ID: 2229895</b>	
City State Zip Code Encinitas CA 92024	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>B. Mr. Murray Zeisel</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 10 Village Ct		<b>Transaction ID: 2230998</b>	
City State Zip Code Demarest NJ 07627	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>C. Ms. Patricia C. Crump</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 3001 Windrift Cv		<b>Transaction ID: 2223539</b>	
City State Zip Code Fort Smith AR 72903	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) ▼			

<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 1588 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Dicicco-Bloom		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 3 Woodmeadow Lane		Transaction ID: 2229933
City State Zip Code Princeton Jct NJ 08550	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>B.</b> Ms. Valerie Barnes Gibbs		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 2885 Willow Creek Lane		Transaction ID: 2229882
City State Zip Code Las Cruces NM 88007	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 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. Randall Oliver		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 922 N. Battin Street		Transaction ID: 2229919
City State Zip Code Wichita KS 67208	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) ..... ▶	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 1589 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Faye Duchin

Mailing Address 28 East Road

City Troy State NY Zip Code 12180

FEC ID number of contributing federal political committee. **C**

Name of Employer NYU Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 30 / 2007

Transaction ID: 2230961

Amount of Each Receipt this Period  
50.00

Hillary Clinton Earmarked Contributions

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Charlotte Masters

Mailing Address 917 Four Seasons Drive

City Wayne State NJ Zip Code 07470

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  
03 / 30 / 2007

Transaction ID: 2230991

Amount of Each Receipt this Period  
10.00

Hillary Clinton Earmarked Contributions

**C.** Full Name (Last, First, Middle Initial)  
Mr. William Willford

Mailing Address 27887 Brownsville Road

City Brownsville State OR Zip Code 97327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 14 / 2007

Transaction ID: 2223546

Amount of Each Receipt this Period  
10.00

Hillary Clinton Earmarked Contributions

<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 1590 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Braun

Mailing Address 8949 E. Jewell Circle

City State Zip Code  
Denver CO 80231

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  
03 / 22 / 2007

**Transaction ID: 2229931**

Amount of Each Receipt this Period  
100.00

Hillary Clinton Earmarked Contributions

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sally Humphreys

Mailing Address 811 W. Elm Street

City State Zip Code  
Lodi CA 95240

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  
03 / 22 / 2007

**Transaction ID: 2229900**

Amount of Each Receipt this Period  
50.00

Hillary Clinton Earmarked Contributions

**C.** Full Name (Last, First, Middle Initial)  
Ms. Gaetana Ratigan

Mailing Address 2787 Rudder Drive

City State Zip Code  
Annapolis MD 21401

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  
03 / 14 / 2007

**Transaction ID: 2223568**

Amount of Each Receipt this Period  
50.00

Hillary Clinton 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 1591 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Rosalie Epstein</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 266 Bishops Forest Drive		<b>Transaction ID: 2230996</b>
City State Zip Code Waltham MA 02452	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>B. Ms. Elizabeth E. Gallagher</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 8 Strong Place		<b>Transaction ID: 2229941</b>
City State Zip Code Brooklyn NY 11231	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. Mr. Jerry W. Lefevre</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 265 Wyoming Street W		<b>Transaction ID: 2229939</b>
City State Zip Code Saint Paul MN 55107	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) ▼		

<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 1592 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ellin Ifft		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 2538 Gleason Street		Transaction ID: 2223576	
City State Zip Code Missoula MT 59804	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) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Janice Romero Nielsen		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 707 E. Vassar Avenue		Transaction ID: 2223569	
City State Zip Code Fresno CA 93704	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	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. Gwendolyn Mikell		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 700 New Hampshire Ave NW # 317		Transaction ID: 2223564	
City State Zip Code Washington DC 20037	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) ..... ▶	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 1593 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Thelma Merritt

Mailing Address 1426 Smith Street

City Milton State WV Zip Code 25541

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  
03 / 22 / 2007

Transaction ID: 2229915

Amount of Each Receipt this Period  
50.00

Hillary Clinton Earmarked Contributions

**B.** Full Name (Last, First, Middle Initial)  
Mrs. S. Lee Pozez

Mailing Address 6358 N Pinnacle Ridge Dr

City Tucson State AZ Zip Code 85718

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  
03 / 22 / 2007

Transaction ID: 2229876

Amount of Each Receipt this Period  
500.00

Hillary Clinton Earmarked Contributions

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gilbert French

Mailing Address 1127 Valley View Drive

City Vermillion State SD Zip Code 57069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2223574

Amount of Each Receipt this Period  
25.00

Hillary Clinton Earmarked Contributions

<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 1594 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Percy Z. Goldstein		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 1040 4th St Unit 208		Transaction ID: 2223556	
City State Zip Code Santa Monica CA 90403	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 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. Ann F. Dubin		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 1 Northern Drive		Transaction ID: 2230965	
City State Zip Code Bridgewater NJ 08807	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 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. Rita E. Freeland		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address PO Box 328		Transaction ID: 2230978	
City State Zip Code Eagles Mere PA 17731	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) ..... ▶	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 1595 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 Ginocchio		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 635 Camino Rancheros		<b>Transaction ID:</b> 2223553
City State Zip Code Santa Fe NM 87505	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Earmark Contributions	
Name of Employer Occupation LANL Scientist	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. Mary Ann Quinson		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 1115 Fifth Ave 14C		<b>Transaction ID:</b> 2230949
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Earmark Contributions	
Name of Employer Occupation	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. Allan J. Lindrup		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 5502 S. Hyde Park Blvd. # 2		<b>Transaction ID:</b> 2229918
City State Zip Code Chicago IL 60637	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand 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 1596 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Barovsky		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 24508 Malibu Rd.		<b>Transaction ID:</b> 2223528	
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>	Kirsten Gillibrand Earmark Contributions		
Name of Employer Self Occupation Self Writer	Aggregate Year-to-Date ▼ 0.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Carol A. Hanner		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 5345 Safforn Avenue		<b>Transaction ID:</b> 2230975	
City State Zip Code Dunwoody GA 30338	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand 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> Mr. Howard Bruce Shaker		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 1330 New Hampshire Ave NW Apt. 1002		<b>Transaction ID:</b> 2223570	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand 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 1597 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 E. Goodwin

Mailing Address 508 South 15th Court

City State Zip Code  
Saint Charles IL 60174

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  
03 / 14 / 2007

Transaction ID: 2223543

Amount of Each Receipt this Period  
5.00

Kirsten Gillibrand Earmark Contributions

**B.** Full Name (Last, First, Middle Initial)  
Ms. Elinor Coleman

Mailing Address 210 N. Lee Street, Ste. 201

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  
MM / DD / YYYY  
03 / 14 / 2007

Transaction ID: 2223582

Amount of Each Receipt this Period  
10.00

Kirsten Gillibrand Earmark Contributions

**C.** Full Name (Last, First, Middle Initial)  
Ms. Reva Segall

Mailing Address 456 Cornell Avenue

City State Zip Code  
San Mateo CA 94402

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  
03 / 14 / 2007

Transaction ID: 2223552

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	65.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1598 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 D. Flashner

Mailing Address 422 Cedar Berry Lane

City State Zip Code  
Chapel Hill NC 27517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2007

**Transaction ID: 2223535**

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Earmark Contributions

**B.** Full Name (Last, First, Middle Initial)  
Ms. Doris H. Crowley

Mailing Address 2 Cornwallis Sq.

City State Zip Code  
Newark DE 19713

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Artist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2007

**Transaction ID: 2229904**

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Earmark Contributions

**C.** Full Name (Last, First, Middle Initial)  
Ms. Alice Salrin

Mailing Address 111 Harrison Street, Apt. A

City State Zip Code  
Bartonville IL 61607

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  
03 / 14 / 2007

**Transaction ID: 2223563**

Amount of Each Receipt this Period  
10.00

Kirsten Gillibrand Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>135.00</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 1599 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. Murray Zeisel

Mailing Address 10 Village Ct

City State Zip Code  
Demarest NJ 07627

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  
03 / 30 / 2007

Transaction ID: 2231002

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Earmark Contributions

**B.** Full Name (Last, First, Middle Initial)  
Dr. Millicent Magaliff

Mailing Address 3750 Hudson Manor Terr #5M

City State Zip Code  
Bronx NY 10463

FEC ID number of contributing 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  
03 / 22 / 2007

Transaction ID: 2229884

Amount of Each Receipt this Period  
36.00

Kirsten Gillibrand Earmark Contributions

**C.** Full Name (Last, First, Middle Initial)  
Ms. Helen K. Layng

Mailing Address 3417 Landstrom Rd

City State Zip Code  
Rockford IL 61107

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  
03 / 30 / 2007

Transaction ID: 2230970

Amount of Each Receipt this Period  
20.00

Kirsten Gillibrand Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	156.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Gail F. Paine		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 312 Rte. 16A		Transaction ID: 2229912	
City State Zip Code Intervale NH 03845	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand 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. Natalie Rogers		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 171 Nelson Way		Transaction ID: 2229894	
City State Zip Code Sebastopol CA 95472	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Earmark Contributions	
Name of Employer Occupation Psychologist	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. Claire Phillips		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address P.O. Box 1249		Transaction ID: 2229948	
City State Zip Code Big Timber MT 59011	Amount of Each Receipt this Period 83.33		
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand 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) ..... ▶	128.33
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Randall Oliver

Mailing Address 922 N. Battin Street

City State Zip Code  
Wichita KS 67208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

**Transaction ID: 2229921**

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Earmark Contributions

**B.** Full Name (Last, First, Middle Initial)  
Ms. Faye Duchin

Mailing Address 28 East Road

City State Zip Code  
Troy NY 12180

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NYU Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

**Transaction ID: 2230960**

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Earmark Contributions

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Charlotte Masters

Mailing Address 917 Four Seasons Drive

City State Zip Code  
Wayne NJ 07470

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  
03 / 30 / 2007

**Transaction ID: 2230995**

Amount of Each Receipt this Period  
10.00

Kirsten Gillibrand Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>160.00</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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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 Willford

Mailing Address 27887 Brownsville Road

City State Zip Code  
Brownsville OR 97327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 14 / 2007

**Transaction ID: 2223550**

Amount of Each Receipt this Period  
10.00

Kirsten Gillibrand Earmark Contributions

**B.** Full Name (Last, First, Middle Initial)  
Ms. Joyce Weissbach

Mailing Address 16922 Timberlakes Drive

City State Zip Code  
Fort Myers FL 33908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 22 / 2007

**Transaction ID: 2229889**

Amount of Each Receipt this Period  
33.00

Kirsten Gillibrand Earmark Contributions

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth E. Gallagher

Mailing Address 8 Strong 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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2007

**Transaction ID: 2229943**

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	93.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Gilbert French

Mailing Address 1127 Valley View Drive

City State Zip Code  
Vermillion SD 57069

FEC ID number of contributing 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  
03 / 14 / 2007

**Transaction ID: 2223575**

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Earmark Contributions

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Louise Boyer Williams

Mailing Address 750 Weaver Dairy Road, Apt 239

City State Zip Code  
Chapel Hill NC 27514

FEC ID number of contributing 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  
03 / 14 / 2007

**Transaction ID: 2223586**

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Earmark Contributions

**C.** Full Name (Last, First, Middle Initial)  
Mrs. S. Lee Pozez

Mailing Address 6358 N Pinnacle Ridge Dr

City State Zip Code  
Tucson AZ 85718

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  
03 / 22 / 2007

**Transaction ID: 2229877**

Amount of Each Receipt this Period  
500.00

Kirsten Gillibrand Earmark Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>575.00</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 1604 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ellin Ifft		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 2538 Gleason Street		Transaction ID: 2223577
City State Zip Code Missoula MT 59804	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand 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> Ms. Rosalie Heller		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 301 El Viento Street		Transaction ID: 2228611
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>	Carol Shea-Porter Contributions	
Name of Employer Occupation Self Musician	Aggregate Year-to-Date ▼ 0.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Quarrier B. Cook		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 1085 Camino Manana		Transaction ID: 2228185
City State Zip Code Santa Fe NM 87501	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 Occupation Retired	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>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 1605 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Marjorie S Saulson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007	
Mailing Address 26662 Scenic Hwy		<b>Transaction ID:</b> 2230648	
City State Zip Code Franklin MI 48025	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer self-employed Occupation note business	<b>[MEMO 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. Lois A. Aaron		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007	
Mailing Address 13800 Shaker Blvd Apt. 904		<b>Transaction ID:</b> 2223857	
City State Zip Code Cleveland OH 44120	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 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. Doris Jean Keller		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2007	
Mailing Address 179 E. Lake Shore Drive Apt. 702		<b>Transaction ID:</b> 2228992	
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 1606 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

A. Full Name (Last, First, Middle Initial) Ms. Arax Hicks Mailing Address 170 Avenue C Apt 10C City State Zip Code New York NY 10009 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007 Transaction ID: 2222914 Amount of Each Receipt this Period 100.00 Carol Shea-Porter 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. Full Name (Last, First, Middle Initial) Ms. Catherine Jackson Mailing Address P.O. Box 268 City State Zip Code Charlestown NH 03603 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007 Transaction ID: 2223969 Amount of Each Receipt this Period 25.00 Carol Shea-Porter 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		

C. Full Name (Last, First, Middle Initial) Ms. Eileen Welsh Mailing Address 1201 Blue Johnson Road City State Zip Code Hopkins SC 29061 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007 Transaction ID: 2228054 Amount of Each Receipt this Period 35.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation US Army 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: (check only one)	PAGE 1607 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 S. Meyers</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 1330 Union Street		<b>Transaction ID: 2228659</b>	
City <b>Manchester</b>	State <b>NH</b>	Zip Code <b>03104</b>	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:	Occupation <b>Retired</b>	<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. Ferdinand Schlapper, Sr.</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 20 Quail Ridge Dr		<b>Transaction ID: 2229366</b>	
City <b>Madison</b>	State <b>WI</b>	Zip Code <b>53717</b>	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:	Occupation <b>Pharmacist</b>	<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. Dr. Floyd L Judd</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 8697N TalladegaWay		<b>Transaction ID: 2223930</b>	
City <b>Fresno</b>	State <b>CA</b>	Zip Code <b>93720</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Receipt For:	Occupation <b>Retired</b>	<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 1608 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Margit Spector		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 2971 Delaware Ave Apt 417		<b>Transaction ID:</b> 2228937	
City State Zip Code Buffalo NY 14217	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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. Rachel M. Mygatt		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 115 W Lee St		<b>Transaction ID:</b> 2227814	
City State Zip Code Baltimore MD 21201	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter Contributions		
Name of Employer Occupation Stay at home Mom	<b>[MEMO 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. Susan Chase		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address PO Box 311		<b>Transaction ID:</b> 2229178	
City State Zip Code Andover NH 03216	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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 1609 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Ora Gelberg

Mailing Address 170 Park Row, Apt. 8C

City State Zip Code  
New York NY 10038

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  
03 / 23 / 2007

Transaction ID: 2229641

Amount of Each Receipt this Period  
10.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark Heald

Mailing Address P.O. Box 284

City State Zip Code  
Pleasant Hill TN 38578

FEC ID number of contributing 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  
03 / 16 / 2007

Transaction ID: 2227748

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Keith Parker

Mailing Address 1701 Fairmount Avenue

City State Zip Code  
La Canada CA 91011

FEC ID number of contributing 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  
03 / 13 / 2007

Transaction ID: 2223184

Amount of Each Receipt this Period  
20.00

Carol Shea-Porter 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 1610 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Victoria E. Watkins		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 244 Madison Avenue, # 14E		Transaction ID: 2222864	
City State Zip Code New York NY 10016	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter Contributions		
Name of Employer Occupation PIRA Energy Group Energy Analyst	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Leona Sobel		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 19 Quinine Hill		Transaction ID: 2222892	
City State Zip Code Columbia SC 29204	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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> Dr. Elizabeth F Shipley		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 805 HAGYS FORD RD		Transaction ID: 2220125	
City State Zip Code Narberth PA 19072	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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 1611 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Indermill		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007	
Mailing Address 26340 Ivrea Pl		Transaction ID: 2231166	
City State Zip Code Valencia CA 91355	Amount of Each Receipt this Period 30.00		
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	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Lynne Levesque		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 20 Lawrence Street # 3		Transaction ID: 2228491	
City State Zip Code Charlestown MA 02129	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 REQUESTED	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. June Vawter		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 14 Ellis Street		Transaction ID: 2228100	
City State Zip Code Freehold NJ 07728	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 Retired	<b>[MEMO ITEM]</b> MEMO	
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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input 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. WKirk Avery		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address PO Box 411 (Mail)		Transaction ID: 2230821
City Bridgewater	State MA	Zip Code 02324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Retired Coll Tchr	Occupation Current (SAG) Performer	Carol Shea-Porter Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Mary McCully		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 282 Woodlawn Terrace		Transaction ID: 2229636
City Bamberg	State SC	Zip Code 29003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation Retired	Carol Shea-Porter Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Idell Weydemeyer		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 877 N Rancho Road		Transaction ID: 2230058
City El Sobrante	State CA	Zip Code 94803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer State of California	Occupation Economic Analyst	Carol Shea-Porter Contributions
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) ..... ▶	0.00

**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 1613 / 2428</span> (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. Helen Reinhard Mailing Address 87 Bridge Street City State Zip Code Medfield MA 02052 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007 <b>Transaction ID: 2228648</b> Amount of Each Receipt this Period 50.00 Carol Shea-Porter 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. Rochelle F. Grossman Mailing Address 8050 Baxter Avenue Apt. 3D City State Zip Code Elmhurst NY 11373 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007 <b>Transaction ID: 2223171</b> Amount of Each Receipt this Period 100.00 Carol Shea-Porter 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. Freda Fuller Mailing Address 1233 N Beaver Creek Road City State Zip Code Seal Rock OR 97376 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007 <b>Transaction ID: 2224320</b> Amount of Each Receipt this Period 50.00 Carol Shea-Porter 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 1614 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 M M / D D / Y Y Y Y 03 / 22 / 2007 <b>Transaction ID: 2229078</b> Amount of Each Receipt this Period 25.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
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 ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Robert C. West Mailing Address 305 Nautilus Drive City Madison State WI Zip Code 53705 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007 <b>Transaction ID: 2229424</b> Amount of Each Receipt this Period 200.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer: Univ. of Wisconsin Occupation: 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. Theodore Hiatt Mailing Address 35 Bryn Mawr Drive City San Rafael State CA Zip Code 94901 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007 <b>Transaction ID: 2228949</b> Amount of Each Receipt this Period 50.00 Carol Shea-Porter 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 1615 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Tigner		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 100 Regional Court 1C		<b>Transaction ID:</b> 2228702	
City State Zip Code Flemington NJ 08822	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Linda Golodner		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 1739 Q Street, N.W.		<b>Transaction ID:</b> 2222924	
City State Zip Code Washington DC 20009	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Occupation Nat'l Consumers League Consumer 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		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Elizabeth Ellwood		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 233 Medford Leas		<b>Transaction ID:</b> 2220343	
City State Zip Code Medford NJ 08055	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 1616 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 LaRae Ivey		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 30948 E. Sunset Dr. So.		<b>Transaction ID:</b> 2230071	
City State Zip Code Redlands CA 92373	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 San Bernardino County 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		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Judy Burns		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 6336 Cotton Drive SE		<b>Transaction ID:</b> 2223123	
City State Zip Code Olympia WA 98513	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 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. Amy Eisenlohr		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address PO Box 263		<b>Transaction ID:</b> 2224012	
City State Zip Code West Tisbury MA 02575	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Contributions		
Name of Employer Edgatown Yacht Club Occupation Administrative 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 1617 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. David B. Lowry

Mailing Address 3580 Shaw Avenue, Apt. 627

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  
03 / 22 / 2007

Transaction ID: 2229169

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jennifer G. Allred

Mailing Address 3310 Oakwood Street

City State Zip Code  
Salt Lake City UT 84109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Granite School District 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  
03 / 07 / 2007

Transaction ID: 2220351

Amount of Each Receipt this Period  
20.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael O'Connor

Mailing Address 649 E. 14th Street, Apt. 2C

City State Zip Code  
New York NY 10009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 13 / 2007

Transaction ID: 2223170

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter 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 1618 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Jo Ann Byler		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1523 E. Woodland Drive		<b>Transaction ID:</b> 2224600	
City State Zip Code Dalton Gardens ID 83815	Amount of Each Receipt this Period 8.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter Contributions		
Name of Employer Womens Center Thrift Store	Occupation Saleswoman	<b>[MEMO 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 03 / 16 / 2007	
Mailing Address 3972 Amyx Ct		<b>Transaction ID:</b> 2227604	
City State Zip Code Hayward CA 94542	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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. Margaret Center		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address PO Box 193		<b>Transaction ID:</b> 2229385	
City State Zip Code Wilton NH 03086	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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 1619 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Patty Jay</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 11213 Clear Oak Circle		<b>Transaction ID: 2227366</b>	
City State Zip Code New Port Richey FL 34654	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	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

Full Name (Last, First, Middle Initial) <b>B. Mr. Ralph E Burr</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 415 South Street # 1201		<b>Transaction ID: 2220155</b>	
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>		Carol Shea-Porter Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

Full Name (Last, First, Middle Initial) <b>C. Mrs. B. Barclay Smith</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 201 Bishop Street		<b>Transaction ID: 2223964</b>	
City State Zip Code New Haven CT 06511	Amount of Each Receipt this Period 250.00		
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	<b>[MEMO ITEM]</b> MEMO	
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 1620 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Florence C. Monnier		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 43 Ridge Road		Transaction ID: 2231240	
City State Zip Code Pleasant Ridge MI 48069		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Carol Shea-Porter Contributions	
Name of Employer none Occupation unemployed		[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. Barbara T. Schmidt		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 4339 Center Oak Woods St		Transaction ID: 2227759	
City State Zip Code San Antonio TX 78249		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Carol Shea-Porter Contributions	
Name of Employer Occupation REQUESTED		[MEMO ITEM] MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date 0.00	

C. Full Name (Last, First, Middle Initial) Mr. Ted L. Thatcher		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 4415 Park Green Court		Transaction ID: 2223923	
City State Zip Code Sacramento CA 95821		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Carol Shea-Porter Contributions	
Name of Employer Occupation Retired		[MEMO ITEM] MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date 0.00	

SUBTOTAL of Receipts This Page (optional) .....	0.00
TOTAL This Period (last page this line number only) .....	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1621 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ina M Ayliffe		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2007	
Mailing Address 15905 Bent Tree Forest Cr. 1025		<b>Transaction ID:</b> 2220139	
City State Zip Code Dallas TX 75248		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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> Mr. Jack W. Lawrence		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007	
Mailing Address 22189 Madison Street		<b>Transaction ID:</b> 2223990	
City State Zip Code St. Clair Shores MI 48081		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Occupation South Lake Schools 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. Judith G Nelson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2007	
Mailing Address 1603 Mill Creek Rd.		<b>Transaction ID:</b> 2229466	
City State Zip Code Manahawkin NJ 08050		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 1622 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Woodin		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 4645 Datura Road		Transaction ID: 2230520	
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>		Carol Shea-Porter Contributions	
Name of Employer Occupation Univ of South Carolina Faculty	[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. Ann H. Sisson		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 8415 Bellona Lane, Apt. 607		Transaction ID: 2224496	
City State Zip Code Towson MD 21204	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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. Mina K Meyer		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 3735 Albury Avenue		Transaction ID: 2224064	
City State Zip Code Long Beach CA 90808	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 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 1623 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input 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 03 / 16 / 2007	
Mailing Address 480 Saxony Road		<b>Transaction ID:</b> 2227610	
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>		Carol Shea-Porter 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. Marjorie Ensminger		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 495 Village Drive		<b>Transaction ID:</b> 2229359	
City State Zip Code Bethlehem PA 18018	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 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. Marguerite P. Cullman		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 300 Park Drive		<b>Transaction ID:</b> 2224561	
City State Zip Code Severna Park MD 21146	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 1624 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Maryanne J Joyce		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 142 Nyac Avenue		Transaction ID: 2224817	
City State Zip Code Pelham NY 10803	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Isny Occupation atty	[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 03 / 22 / 2007	
Mailing Address 508 Weir Road		Transaction ID: 2229449	
City State Zip Code Aston PA 19014	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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. Jeannette Ross		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 3000 Galloway Ridge Apt. B305		Transaction ID: 2223068	
City State Zip Code Pittsboro NC 27312	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 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 1625 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 F Winter		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2007	
Mailing Address 550 S. Golden Sky Lane		<b>Transaction ID:</b> 2229478	
City State Zip Code Anaheim CA 92807	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 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. Norma K Stone		Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2007	
Mailing Address 3601 Turtle Creek Blvd. #404		<b>Transaction ID:</b> 2220217	
City State Zip Code Dallas TX 75219	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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. Jennifer N. Kleckner		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address 1855 Cowper Street		<b>Transaction ID:</b> 2229592	
City State Zip Code Palo Alto CA 94301	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 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 1626 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 E. Kingdon		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1062 Carter's Grove		<b>Transaction ID:</b> 2227779	
City State Zip Code Indianapolis IN 46260	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 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. Genevieve M. Tvrdik		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 341 Stehman Road		<b>Transaction ID:</b> 2228864	
City State Zip Code Lancaster PA 17603	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 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. Polly Masters		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address P.O. Box 106		<b>Transaction ID:</b> 2229127	
City State Zip Code Ancramdale NY 12503	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 1627 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Shirley DeJarnatt

Mailing Address 3105 Woodlawn Road

City State Zip Code  
Sterling IL 61081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223147

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Clara G. Schiffer

Mailing Address 3125 Patterson Street, N.W.

City State Zip Code  
Washington DC 20015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223142

Amount of Each Receipt this Period  
75.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary Barber Holmes

Mailing Address 1062 Old Graham Road

City State Zip Code  
Pittsboro NC 27312

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  
03 / 14 / 2007

Transaction ID: 2224094

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ► 0.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Gregory A Fowler		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address P.O. Box 390689		<b>Transaction ID:</b> 2229729	
City State Zip Code Mountain View CA 94039	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 none 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. Rhoda B Martyn		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 620 Sand Hill Road # 404G		<b>Transaction ID:</b> 2220386	
City State Zip Code Palo Alto CA 94304	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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. Barbara Flores		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 77741 Cove Pointe Circle		<b>Transaction ID:</b> 2223078	
City State Zip Code Indian Wells CA 92210	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 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 1629 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Roni V. Gurland		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 11 Riverside Drive, # 5F-W		<b>Transaction ID:</b> 2222957	
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>		Carol Shea-Porter Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sandi Cooper		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address College Of Staten IS History		<b>Transaction ID:</b> 2229558	
City State Zip Code Staten Island NY 10314	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 Professor	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Judith E Dubin		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 9936 Beverly Grove Drive		<b>Transaction ID:</b> 2231157	
City State Zip Code Beverly Hills CA 90210	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 Retired	<b>[MEMO ITEM]</b> MEMO	
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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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)  
Mr. Walter Limbach

Mailing Address 123 Beechmont Road

City State Zip Code  
Pittsburgh PA 15206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2227687

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**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. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2007

Transaction ID: 2228160

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Sharon Schmidt

Mailing Address 1509 Sandcastle Drive

City State Zip Code  
Corona Del Mar CA 92625

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  
03 / 16 / 2007

Transaction ID: 2224761

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter 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 1631 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Andrews

Mailing Address 247 Hoodridge Drive

City State Zip Code  
Pittsburgh PA 15234

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  
03 / 13 / 2007

Transaction ID: 2222815

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** 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 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  
03 / 07 / 2007

Transaction ID: 2220356

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Helen B. Cahn

Mailing Address 730 Camino Mirada

City State Zip Code  
Santa Fe NM 87505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224442

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 0.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Deborah Meitin		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 877 Victoria Terrace		<b>Transaction ID:</b> 2231298	
City State Zip Code Altamonte Spring FL 32701	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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) Dr. Robert Tartell		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 690 Hawthorne Street		<b>Transaction ID:</b> 2224325	
City State Zip Code West Hempstead NY 11552	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 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. Selene Levine		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 720 Milton Road		<b>Transaction ID:</b> 2230503	
City State Zip Code Rye NY 10580	Amount of Each Receipt this Period 18.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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 1633 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Carmela Cipriano		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 260 65th Street, Apt. 11P		Transaction ID: 2222778	
City State Zip Code Brooklyn NY 11220		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 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. Nancy Henningsen		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 7108 Orkney Parkway		Transaction ID: 2220393	
City State Zip Code Bethesda MD 20817		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 Occupation self 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>C.</b> Ms. Eva B. Edelstein		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 135 Mayberry Drive		Transaction ID: 2224296	
City State Zip Code Monroeville PA 15146		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 1634 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 Brown		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 1121 Oregon Hollow Road		<b>Transaction ID:</b> 2224261	
City Holtwood	State PA	Zip Code 17532	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	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. Barbara A Mackoy		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 928 Simon Drive		<b>Transaction ID:</b> 2224400	
City Cedar Hill	State TX	Zip Code 75104	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Fidelity Investments	Occupation Vice President		<b>[MEMO 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. Beth Myers		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 4070 W. Forest Park Drive		<b>Transaction ID:</b> 2224162	
City Bloomington	State IN	Zip Code 47404	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 1635 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ilene P. Jagatramcharran		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 15500 SE 80th Avenue		<b>Transaction ID:</b> 2224705	
City State Zip Code Summerfield FL 34491	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 Retired Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Marcia C. Levens		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address 2671 S. Course Drive, Apt. 410		<b>Transaction ID:</b> 2229571	
City State Zip Code Pompano Beach FL 33069	Amount of Each Receipt this Period 50.00		
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	<b>[MEMO ITEM]</b> MEMO	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Dorothy A. Hasler		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 4193 Shorebrook		<b>Transaction ID:</b> 2224567	
City State Zip Code Sterling Heights MI 48314	Amount of Each Receipt this Period 10.00		
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	<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 1636 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Dennis McGilligan</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 4230 Mandan Cres		<b>Transaction ID: 2227792</b>	
City State Zip Code Madison WI 53711	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 State of WI 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. Ms. Judith Feldstein</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 425 Wembley Circle		<b>Transaction ID: 2228860</b>	
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>		Carol Shea-Porter 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. Ms. Mary Thiel</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 43 Clark Road		<b>Transaction ID: 2228103</b>	
City State Zip Code Brookline MA 02445	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 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 1637 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Marleigh Fletcher		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 785 E. Courtney Lane		<b>Transaction ID:</b> 2220247	
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>		Carol Shea-Porter Contributions	
Name of Employer Occupation Intel Corporation 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>B.</b> Ms. Annette M. Dwyer		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 20221 83rd Place NE		<b>Transaction ID:</b> 2224253	
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>		Carol Shea-Porter 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		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Judith P. Fisher		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 204 Dromara Road		<b>Transaction ID:</b> 2220128	
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>		Carol Shea-Porter Contributions	
Name of Employer Occupation Erie County 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 1638 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Patricia Glaude		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address PO Box 3204		<b>Transaction ID:</b> 2230701	
City State Zip Code Hayward CA 94540		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Occupation US Postal Service Postal Inspector		<b>[MEMO 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. Stanley Strauss		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1140 Breakers West Blvd		<b>Transaction ID:</b> 2227650	
City State Zip Code West Palm Beach FL 33411		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 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. Dolores Crane		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 16 New York Avenue		<b>Transaction ID:</b> 2228993	
City State Zip Code Stony Brook NY 11790		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 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 1639 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Maxine H. Rader		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 2901 U A A Drive		Transaction ID: 2230573	
City Anchorage	State AK	Zip Code 99508	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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. Sally H. Mitchell		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 1400 Newcastle Street		Transaction ID: 2228017	
City Beaufort	State SC	Zip Code 29902	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	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. Anne Meredith Smoke		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 2122 Massachusetts Avenue NW Apt 227		Transaction ID: 2224669	
City Washington	State DC	Zip Code 20008	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	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 1640 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Ann Kingsbury		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 455 Benderfield Drive		<b>Transaction ID:</b> 2223055	
City State Zip Code Zionsville IN 46077	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 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. Nancy R. Marshall		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 1142 Village Way		<b>Transaction ID:</b> 2223084	
City State Zip Code Sebastopol CA 95472	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 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. Susanne B. Buxton		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 1402 Lyons Avenue		<b>Transaction ID:</b> 2230495	
City State Zip Code Royal Oak MI 48073	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 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 1641 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

A. Full Name (Last, First, Middle Initial) Ms. Priscilla M. Leith		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 162 Islington Road		Transaction ID: 2228650	
City State Zip Code Newton MA 02466	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Carol Shea-Porter Contributions	
Name of Employer Self Occupation Accountant & Tax Preparer	[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. Janet K. Roberts		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 4701 Fulton Street NW		Transaction ID: 2222920	
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Carol Shea-Porter Contributions	
Name of Employer Self Occupation Sculptor	[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. Sadie W. Taylor		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 115 Kendal Drive		Transaction ID: 2223195	
City State Zip Code Oberlin OH 44074	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Carol Shea-Porter Contributions	
Name of Employer Occupation Retired chem. prof	[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 1642 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Renee Boving		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 41901 W. 8 Mile Road		<b>Transaction ID:</b> 2228022	
City State Zip Code Northville MI 48167	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 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. Penelope Colman		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 138 Knickerbocker Road		<b>Transaction ID:</b> 2227587	
City State Zip Code Englewood NJ 07631	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Contributions		
Name of Employer Occupation Queens College CUNY Distinguished Lecturer	<b>[MEMO 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. Polly W. Spaulding		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 92 Heath Lane		<b>Transaction ID:</b> 2220122	
City State Zip Code New London NH 03257	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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 1643 / 2428
	<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. Ruth Klouda

Mailing Address 1210 52nd Street Drive

City Moline State IL Zip Code 61265

FEC ID number of contributing federal political committee. **C**

Name of Employer Mel Fonter Co Occupation Realtor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2224164

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Eleanora Dalton

Mailing Address 3-3400 Kuhio Hwy Apt. A303

City Lihue State HI Zip Code 96766

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  
03 / 14 / 2007

Transaction ID: 2224135

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Emily Rankin

Mailing Address 9 Schuyler Lane

City Bloomfield State CT Zip Code 06002

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  
03 / 16 / 2007

Transaction ID: 2227565

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter 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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Egon Neuberger

Mailing Address 5 Somerset Court

City State Zip Code  
East Setauket NY 11733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 22 / 2007

Transaction ID: 2230097

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Norman Fleishman

Mailing Address 331 Blackheath Road

City State Zip Code  
Lido Beach NY 11561

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  
03 / 13 / 2007

Transaction ID: 2223113

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Herman E. Payne

Mailing Address 813 W Tropic Street

City State Zip Code  
Advance MO 63730

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  
03 / 16 / 2007

Transaction ID: 2227642

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter 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 / 2428
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Bruce Hann Mailing Address 1241 Olive Street City State Zip Code Denver CO 80220 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>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2223913 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	4		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>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Nancy P Moore Mailing Address 109 Briarwood Rd City State Zip Code Spartanburg SC 29301 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>0</td><td>3</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> Transaction ID: 2228622 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	0		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>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Effie E. Westervelt Mailing Address 26 Southridge East City State Zip Code Tiburon CA 94920 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>0</td><td>3</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: 2224230 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	5		2	0	0	7														
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 ▼ <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 1646 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Calvin Stempel

Mailing Address 14203 SW 66th Street  
Apt. 107B

City Miami State FL Zip Code 33183

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 14 / 2007

Transaction ID: 2223949

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lucille Cooper

Mailing Address 5460 Paseo del Lago

City Laguna Woods State CA Zip Code 92637

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229464

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Prudence A. Perry

Mailing Address 370 E. Baldwin Lane

City Shelton State WA Zip Code 98584

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 14 / 2007

Transaction ID: 2224023

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Gloria G. Margulies		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 5502 Murietta Avenue		Transaction ID: 2224658	
City Sherman Oaks	State CA	Zip Code 91401	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Law Offices of David L. Margulies	Occupation certified 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>B.</b> Dr. Suanne M. Dullard, D.D.S.		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address PO Box 14		Transaction ID: 2229507	
City Bigfork	State MN	Zip Code 56628	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 Northland Dental	Occupation Dentist	<b>[MEMO 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. Leal M. Abbott		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 359 Quail Drive		Transaction ID: 2229633	
City Woodland	State CA	Zip Code 95695	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer leal abbott, lcsw	Occupation social work	<b>[MEMO 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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Margaret T Macdonald		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 354 Carolina Meadows		Transaction ID: 2231274	
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>	Carol Shea-Porter 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. Jane Clewe		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1032 Junipero Avenue		Transaction ID: 2224623	
City State Zip Code Long Beach CA 90804	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Contributions		
Name of Employer Occupation DAS, Inc. Computer Programmer	<b>[MEMO 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. Alice Crozier		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 350 7th Street, #4D		Transaction ID: 2222842	
City State Zip Code Hoboken NJ 07030	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 Occupation Rutgers 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 1649 / 2428
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<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 Linde

Mailing Address 3449 Keswick Road

City State Zip Code  
Baltimore MD 21211

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  
03 / 14 / 2007

Transaction ID: 2224048

Amount of Each Receipt this Period  
20.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Theodor Schuchat

Mailing Address 11015 S.E. Lake Road

City State Zip Code  
Bellevue WA 98004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2223940

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Rhonda D Wright

Mailing Address 3363 Narrow Lane Road

City State Zip Code  
Montgomery AL 36111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Montgomery Pathology Associates Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2007

Transaction ID: 2224244

Amount of Each Receipt this Period  
250.00

Carol Shea-Porter 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 1650 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Roy Wayne Wolfram Mailing Address 3321 Hughes Blvd. City Toledo State OH Zip Code 43606 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007 <b>Transaction ID: 2228045</b> Amount of Each Receipt this Period 20.00 Carol Shea-Porter 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>B.</b> Full Name (Last, First, Middle Initial) Mr. Cyrus W. Banning Mailing Address P.O. Box 397 City Gambier State OH Zip Code 43022 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007 <b>Transaction ID: 2223164</b> Amount of Each Receipt this Period 50.00 Carol Shea-Porter 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) Dr. Coleen A. Hanna, Ph.D. Mailing Address P.O. Box 187 City Odenton State MD Zip Code 21113 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007 <b>Transaction ID: 2223203</b> Amount of Each Receipt this Period 20.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Constellation Energy Group Occupation Psychologist 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 1651 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 J Katz

Mailing Address 315 W 70th Street  
Apt 9H

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  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: 2230753

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Hilda W Sokol

Mailing Address 6 Storrs Road

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  
03 / 26 / 2007

Transaction ID: 2229720

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Carolyn F. Eckel

Mailing Address P.O. Box 33707

City State Zip Code  
Portland OR 97292

FEC ID number of contributing 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  
03 / 19 / 2007

Transaction ID: 2228076

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter 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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Frances G Pepper Mailing Address 233 Oliver Road City State Zip Code Cincinnati OH 45215 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2007 <b>Transaction ID: 2229563</b> Amount of Each Receipt this Period 100.00 Carol Shea-Porter 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Rhonda G. Hakundy-Jones Mailing Address 1724 Bennington Drive City State Zip Code Harrisburg PA 17112 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007 <b>Transaction ID: 2222837</b> Amount of Each Receipt this Period 50.00 Carol Shea-Porter 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>C.</b> Full Name (Last, First, Middle Initial) Dr. Susan D Fischer Mailing Address 563 Orchid Lane City State Zip Code Del Mar CA 92014 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2224492</b> Amount of Each Receipt this Period 25.00 Carol Shea-Porter 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: (check only one)	PAGE 1653 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Anna May Timmons Mailing Address P.O. Box 428 City Mackinac Island State MI Zip Code 49757 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>0</td><td>3</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: 2229110 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8">250.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	0	7	250.00							
M	M	/	D	D	/	Y	Y	Y	Y																					
0	3		2	2		2	0	0	7																					
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 ▼ <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. Odessa Morris Mailing Address 237 16th Street SE City Washington State DC Zip Code 20003 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>0</td><td>3</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: 2222950 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8">25.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7	25.00							
M	M	/	D	D	/	Y	Y	Y	Y																					
0	3		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) Mr. Stanley Bier Mailing Address P.O. Box 192 City Colonia State NJ Zip Code 07067 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>0</td><td>3</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: 2222756 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8">50.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7	50.00							
M	M	/	D	D	/	Y	Y	Y	Y																					
0	3		1	3		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="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 1654 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Miriam Greenblatt		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 2754 Roslyn Lane		<b>Transaction ID:</b> 2224681	
City State Zip Code Highland Park IL 60035	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Barbara W. Moxon		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 31 Joseph Walker Drive		<b>Transaction ID:</b> 2228641	
City State Zip Code West Columbia SC 29169	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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. Sylvia Wendell		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 24 Clifford Rd		<b>Transaction ID:</b> 2224306	
City State Zip Code Albany NY 12204	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter Contributions		
Name of Employer NYS Occupation Accountant	<b>[MEMO 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 1655 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. A. Shor		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 18 Pecan Court		<b>Transaction ID:</b> 2224034	
City State Zip Code Mount Laurel NJ 08054		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 Self Occupation Veterinarian		<b>[MEMO 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. Frances Huffman		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 2400 Hoyt Street		<b>Transaction ID:</b> 2222846	
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>		Carol Shea-Porter 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. Edgar Smith		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address P.O. Box 989 731 Marina Street		<b>Transaction ID:</b> 2223089	
City State Zip Code Morro Bay CA 93443		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 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 1656 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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 D. Halverstadt

Mailing Address 6420 Old Settlers Road

City State Zip Code  
Hamel MN 55340

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  
03 / 15 / 2007

Transaction ID: 2224284

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Corale Layne

Mailing Address 7522 Bradshaw Road

City State Zip Code  
Sacramento CA 95829

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2007

Transaction ID: 2228900

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Wanda VanGoor

Mailing Address 3510 Husted Drive

City State Zip Code  
Chevy Chase MD 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Prince George's Co. 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  
03 / 13 / 2007

Transaction ID: 2222931

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter 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 1657 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Virginia R. Bishop

Mailing Address 6514 Willow Hill Court

City State Zip Code  
Centerville OH 45459

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222855

Amount of Each Receipt this Period  
250.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Slater

Mailing Address 322 Jody Way Road

City State Zip Code  
Lutherville MD 21093

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  
03 / 13 / 2007

Transaction ID: 2222988

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Pam Phillips

Mailing Address 132 Langdon Avenue

City State Zip Code  
Watertown MA 02472

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Abbott Laboratories Sr. Systems Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2007

Transaction ID: 2230518

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter 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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Angela Elliston Mailing Address 656 Sunset Lane City East Lansing State MI Zip Code 48823 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2227645</b> Amount of Each Receipt this Period 25.00 Carol Shea-Porter 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) Mr. Michael J. Tsuk Mailing Address 66 Iroquois Road City Arlington State MA Zip Code 02476 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2007 <b>Transaction ID: 2230099</b> Amount of Each Receipt this Period 100.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Ansoft Corp. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Scientist Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Marjorie E. Vanek Mailing Address 10241 York Road City N. Royalton State OH Zip Code 44133 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007 <b>Transaction ID: 2228930</b> Amount of Each Receipt this Period 100.00 Carol Shea-Porter 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 1659 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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) Mr. Peter D. Mensch		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 267 West 11th Street		<b>Transaction ID:</b> 2224639
City State Zip Code New York NY 10014	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Q Prime Inc.	Occupation Personal Manager	
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) Asherah Cinnamon		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 25 Ledge Road		<b>Transaction ID:</b> 2228619
City State Zip Code South Portland ME 04106	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions  <b>[MEMO ITEM]</b> MEMO
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 ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Edward J Newcombe		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 25 Old Meetinghouse Rd		<b>Transaction ID:</b> 2229576
City State Zip Code Auburn MA 01501	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Self	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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 C. Bryan		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 179 Stanton Street Apt. 3R		<b>Transaction ID:</b> 2222861	
City State Zip Code New York NY 10002		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 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. Betty K. Kerley		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 1603 Greenbriar Court		<b>Transaction ID:</b> 2231246	
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>		Carol Shea-Porter 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. Danielle A Feinberg		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 479 60th Street		<b>Transaction ID:</b> 2229483	
City State Zip Code Oakland CA 94609		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Occupation Pixar Technical 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) ..... ▶	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 1661 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Frederick Davis		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 1521 Golf View Road Unit B		<b>Transaction ID:</b> 2223874	
City State Zip Code Madison WI 53704	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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. Sally M. Ehlers		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 720 Bachelor Avenue		<b>Transaction ID:</b> 2227673	
City State Zip Code Mendota Hts. MN 55118	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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> Dr. Alan M. Solinger		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 6895 Elverton Drive		<b>Transaction ID:</b> 2224685	
City State Zip Code Oakland CA 94611	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter Contributions		
Name of Employer Occupation XOMA(US)LLD 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>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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 Jaffee		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 2596 Village Drive		<b>Transaction ID:</b> 2228556
City State Zip Code Union City CA 94587	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 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. J. Sheppard Poor		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 7 Azalea Lane		<b>Transaction ID:</b> 2228562
City State Zip Code Rumson NJ 07760	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 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. Alma Raab		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 70 Maine Avenue # 7		<b>Transaction ID:</b> 2223180
City State Zip Code Rockville Centre NY 11570	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 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 1663 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 J. Goldberg		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 718 Ridge Avenue		Transaction ID: 2228953	
City State Zip Code Evanston IL 60202	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 Self Occupation Accountant	<b>[MEMO 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. Melinda G Hardin		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 7 Wharf Street		Transaction ID: 2224734	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Contributions		
Name of Employer self Occupation Various	<b>[MEMO 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. Nora Lee Fryxell		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 7010 45th Street Court NW		Transaction ID: 2227771	
City State Zip Code Gig Harbor WA 98335	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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 1664 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Herzberg</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 713 N. Palm Drive		<b>Transaction ID: 2224445</b>	
City State Zip Code Beverly Hills CA 90210	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 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. Mr. Robert E Leonard</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 2608 Cascade Dr		<b>Transaction ID: 2227599</b>	
City State Zip Code Austin TX 78757	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 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. Myra Saxon</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 4 Village Rd		<b>Transaction ID: 2223182</b>	
City State Zip Code Milford CT 06460	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 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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Sarah J. Allard		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 401 6th Avenue SW		<b>Transaction ID:</b> 2224594	
City State Zip Code Warroad MN 56763	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 Retired	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Ellen C. Dubois		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 12322 Idaho Avenue		<b>Transaction ID:</b> 2229547	
City State Zip Code Los Angeles CA 90025	Amount of Each Receipt this Period 50.00		
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 Professor	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Abby Stitt		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 9229 Village Glen Drive Unit 132		<b>Transaction ID:</b> 2224679	
City State Zip Code San Diego CA 92123	Amount of Each Receipt this Period 50.00		
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 Writer	<b>[MEMO ITEM]</b> MEMO	
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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Christine E Henry Mailing Address 729 Mill St. City Moorestown State NJ Zip Code 08057 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007 <b>Transaction ID: 2229458</b> Amount of Each Receipt this Period 50.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer: The Jet Pulverizer Co. Occupation: treasurer 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. Tamara Harris Mailing Address 10175 Sunstar Road City Monterey State CA Zip Code 93940 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2224650</b> Amount of Each Receipt this Period 100.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
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 ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Martha J. Phillips Mailing Address 829 NE 103rd Street City Seattle State WA Zip Code 98125 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2227596</b> Amount of Each Receipt this Period 25.00 Carol Shea-Porter 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 1667 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Lynda G Brender Mailing Address 4121 Hampshire Blvd. City State Zip Code Fort Worth TX 76103 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>0</td><td>3</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> Transaction ID: 2228514 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	0		2	0	0	7														
100.00																							
Name of Employer Occupation Law Offices of Art Brender Bookkeeper 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. Barbara Booth Mailing Address 415 Magowan Avenue City State Zip Code Iowa City IA 52246 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>0</td><td>3</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: 2229095 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	2		2	0	0	7														
50.00																							
Name of Employer Occupation U of IA Editor/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>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Pat L Deutch Mailing Address 51 Clifton Street City State Zip Code Belmont MA 02478 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>0</td><td>3</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: 2229462 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	2		2	0	0	7														
100.00																							
Name of Employer Occupation self editor 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 1668 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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. Karpick

Mailing Address 42 Soley Street

City State Zip Code  
Charlestown MA 02129

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  
03 / 23 / 2007

Transaction ID: 2229388

Amount of Each Receipt this Period  
200.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marie H. Rothman

Mailing Address 175 West 13th Street, # 9B

City State Zip Code  
New York NY 10011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Legal Aid Society Required

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2007

Transaction ID: 2229586

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bradley R. Grainger

Mailing Address 421 Highland Road

City State Zip Code  
Ithaca NY 14850

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Capmark Finance Inc. Mortgage Banking

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2007

Transaction ID: 2220133

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter 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 1669 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Cele S Keeper		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 2929 Buffalo Speedway #203		<b>Transaction ID:</b> 2230539	
City State Zip Code Houston TX 77098	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 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. J. H. Sisson		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 123 Brankenridge Ave Apt. 304		<b>Transaction ID:</b> 2228025	
City State Zip Code San Antonio TX 78209	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 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. Ara L. Tyler		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 91 Mary Catherine Drive		<b>Transaction ID:</b> 2224090	
City State Zip Code Lancaster MA 01523	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 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 1670 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Landis		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 508 W. Locust Street		<b>Transaction ID:</b> 2230483	
City State Zip Code Polo IL 61064	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 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. G. Truxton Ringe		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 2020 Cardinal Lane SE		<b>Transaction ID:</b> 2222894	
City State Zip Code Olympia WA 98503	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 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. Esther Sinclair		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 43 Tamalpais Ave		<b>Transaction ID:</b> 2227593	
City State Zip Code San Anselmo CA 94960	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 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 1671 / 2428
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Katherine W. Akers		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 5026 West Lake Road		<b>Transaction ID:</b> 2230028	
City State Zip Code Mayville NY 14757	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 Housewife	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Janice L. Goldblum		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 10501 Wilshire Blvd. Unit 701		<b>Transaction ID:</b> 2230531	
City State Zip Code Los Angeles CA 90024	Amount of Each Receipt this Period 75.00		
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	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Nancy B. Price		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 433 Madison		<b>Transaction ID:</b> 2224523	
City State Zip Code San Antonio TX 78204	Amount of Each Receipt this Period 250.00		
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 Management	<b>[MEMO ITEM]</b> MEMO	
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 1672 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Anita Strauss Mailing Address 7887 Revelle Drive City State Zip Code La Jolla CA 92037 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007 <b>Transaction ID: 2224267</b> Amount of Each Receipt this Period 100.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer S.D. Mental Health Association Occupation 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. Karin Greenfield-Sanders Mailing Address 44 Cayuga RoadLake Oswawana City State Zip Code Putnam Valley NY 10579 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007 <b>Transaction ID: 2229414</b> Amount of Each Receipt this Period 100.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Self Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Sally W. Watts Mailing Address 10508 Stable Lane City State Zip Code Potomac MD 20854 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007 <b>Transaction ID: 2228911</b> Amount of Each Receipt this Period 100.00 Carol Shea-Porter 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 1673 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Mr. Arthur L. Canfield

Mailing Address 42-129 Old Kalanianale Road

City State Zip Code  
Kailua HI 96734

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224629

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter 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  
03 / 30 / 2007

Transaction ID: 2231283

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Luana S. Miller

Mailing Address 142 Maywood Way

City State Zip Code  
San Rafael CA 94901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229445

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter 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 1674 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sherry Nehmer

Mailing Address 205 West End Avenue  
Apartment 18L

City State Zip Code  
New York NY 10023

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  
03 / 14 / 2007

Transaction ID: 2224056

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jane B. Stephenson

Mailing Address 2030 Chester Blvd. # 60

City State Zip Code  
Richmond IN 47374

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223128

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. David M. Gay

Mailing Address 900 Sierra PI SE

City State Zip Code  
Albuquerque NM 87108

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  
03 / 16 / 2007

Transaction ID: 2227606

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter 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 1675 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Ellen Yurek Mailing Address 2041 Yellowthroat Place City Thousand Oaks State CA Zip Code 91320 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>0</td><td>3</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: 2229332 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	3		2	0	0	7														
100.00																							
Name of Employer Sanofi Synthelab Occupation Project 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. Ellen C. Singer Mailing Address 1 Charles St. Apt. 3B City Boston State MA Zip Code 02116 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>0</td><td>3</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: 2227716 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	6		2	0	0	7														
50.00																							
Name of Employer Occupation Volunteer 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. Nancy Peterson Mailing Address 839 Washington Avenue City Albany State CA Zip Code 94706 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>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2224001 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	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>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 1676 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 R. Bayus		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 117 Requa Road		Transaction ID: 2220142
City State Zip Code Piedmont CA 94611	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Orrick, Herrington & Sutcliffe LLP lawyer	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. Jeanette Finkbiner Leeds		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 450 Elm Avenue		Transaction ID: 2224588
City State Zip Code Haddonfield NJ 08033	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Aud. Bd. of Education 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. Jessica Stickney		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 1400 Poly Drive, Apt. 8BC		Transaction ID: 2224102
City State Zip Code Billings MT 59102	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions  <b>[MEMO ITEM]</b> 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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<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. Elaine Amromin

Mailing Address 2065 Liliano Drive

City State Zip Code  
Sierra Madre CA 91024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

Transaction ID: 2224652

Amount of Each Receipt this Period  
20.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Mary L Carter

Mailing Address 109 Smithfield Drive

City State Zip Code  
Endicott NY 13760

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Town of Vestal, NY library clerk

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2007

Transaction ID: 2224826

Amount of Each Receipt this Period  
20.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark Wyn

Mailing Address 3317 indiana aveune

City State Zip Code  
St. Louis MO 63118

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  
03 / 22 / 2007

Transaction ID: 2229479

Amount of Each Receipt this Period  
25.01

Carol Shea-Porter 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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 C. Jones		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 3 Stanwich Lane		Transaction ID: 2223107	
City State Zip Code Greenwich CT 06830	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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. Velaine V. Carnall		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 5333 7th Avenue		Transaction ID: 2229077	
City State Zip Code La Grange IL 60525	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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) Ms. Ann Wansley		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 51 Chula Lane		Transaction ID: 2229409	
City State Zip Code San Francisco CA 94114	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 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 1679 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Willard H. Elsbee

Mailing Address 209 Grosvenor Street

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  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 2228535

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Laurel Furumoto

Mailing Address 101 Indian Cove Rd

City Marion State MA Zip Code 02738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2007

Transaction ID: 2230547

Amount of Each Receipt this Period  
250.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Gwen J Gillis

Mailing Address 4722 Amberwood Ct.

City Carlsbad State CA Zip Code 92008

FEC ID number of contributing 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  
03 / 22 / 2007

Transaction ID: 2229426

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter 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 1680 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 K. Potsic		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2007	
Mailing Address 1057 Beaumont Road		<b>Transaction ID:</b> 2229501	
City State Zip Code Berwyn PA 19312	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 Del. County Comm. College	Occupation Career Counselor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Elizabeth V. Mullady		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 3300 Juniper Way		<b>Transaction ID:</b> 2224039	
City State Zip Code Falls Church VA 22044	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	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

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Joy Warren		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 109 N. Post Oak Lane Ste. 410		<b>Transaction ID:</b> 2230759	
City State Zip Code Houston TX 77024	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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>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 1681 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Vera B. Williams		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 88 Jane Street		<b>Transaction ID:</b> 2227695	
City State Zip Code New York NY 10014		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Self Occupation Writer, Illustrator		<b>[MEMO 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 D Root		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 4840 Thunderbird Dr. #089		<b>Transaction ID:</b> 2224458	
City State Zip Code Boulder CO 80303		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 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. Barbara Lyons		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 88 Central Park West		<b>Transaction ID:</b> 2223177	
City State Zip Code New York NY 10023		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 Harry Abrams Inc 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	

<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 1682 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 A Bloom		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2007	
Mailing Address 4120 Geraldine Avenue # 7		Transaction ID: 2229603	
City State Zip Code St Ann MO 63074		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Occupation arcvision,Inc 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>B.</b> Ms. Patricia E. Eames		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 3300 Darby Rd Apt 5313		Transaction ID: 2222910	
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>		Carol Shea-Porter 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. Flora Harper		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 4903 Potomac Avenue NW		Transaction ID: 2223902	
City State Zip Code Washington DC 20007		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 1683 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 H. Neff

Mailing Address 1045 4th Street

City State Zip Code  
Whitefish MT 59937

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  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 2228530

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Genevieve Clarke

Mailing Address 301 Fairway Village

City State Zip Code  
Leeds MA 01053

FEC ID number of contributing 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  
03 / 16 / 2007

Transaction ID: 2224797

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence E. Crooks

Mailing Address 5439 Sacramento Avenue

City State Zip Code  
Richmond CA 94804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Electrical Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2007

Transaction ID: 2227616

Amount of Each Receipt this Period  
75.00

Carol Shea-Porter 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 1684 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Paulette Ziobron		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 12401 Mount Pleasant Drive		<b>Transaction ID:</b> 2222948	
City State Zip Code Laurel MD 20708	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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. Ilene M. Sittler		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 930 Trosper Road SW Spc 134		<b>Transaction ID:</b> 2230456	
City State Zip Code Turnwater WA 98512	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 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> Dr. Richard E Quandt		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 162 Springdale Road		<b>Transaction ID:</b> 2229477	
City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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 1685 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Hursh Bagley		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 1235 8th Avenue West		<b>Transaction ID:</b> 2228590	
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>	Carol Shea-Porter 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. Gail Drobynk		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 4 Island Ave Apt 6		<b>Transaction ID:</b> 2224610	
City State Zip Code Kittery ME 03904	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 Occupation Fidelity Invest. 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. Carol A Starmack		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 71 Leonard Street # 5N		<b>Transaction ID:</b> 2230825	
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Contributions		
Name of Employer Occupation The Century Foundation 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>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 1686 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Ms. Jane Bailey Burts</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 2143 Sherwood Avenue		<b>Transaction ID: 2223007</b>	
City State Zip Code Charlotte NC 28207	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 Retired	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

Full Name (Last, First, Middle Initial) <b>B. Ms. Joan Weeks</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 9420 Old Bonhomme Road		<b>Transaction ID: 2224772</b>	
City State Zip Code Saint Louis MO 63132	Amount of Each Receipt this Period 20.00		
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 Unemployed	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

Full Name (Last, First, Middle Initial) <b>C. Mr. David J Pasta</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2007	
Mailing Address 2970 South Court		<b>Transaction ID: 2229625</b>	
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>		Carol Shea-Porter Contributions	
Name of Employer OVATION RESEARCH GROUP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation STATISTICIAN	<b>[MEMO ITEM]</b> MEMO	
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 1687 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Emma M Rosow		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 122 Green Way		<b>Transaction ID:</b> 2230832	
City State Zip Code Wayland MA 01778	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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. Cory Streisinger		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 3279 NE Alameda		<b>Transaction ID:</b> 2222766	
City State Zip Code Portland OR 97212	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 Occupation Port of Portland 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. Bernice B. Elkin		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 3737 Atlantic Avenue Apt 1101		<b>Transaction ID:</b> 2222848	
City State Zip Code Long Beach CA 90807	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 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 1688 / 2428
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Douglas Danforth Mailing Address 7 Riverwoods Drive # C209 City Exeter State NH Zip Code 03833 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007 <b>Transaction ID: 2230548</b> Amount of Each Receipt this Period 10.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer REQUESTED Occupation Librarian 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. Janet Eaton Mailing Address 1235 Marriottsville Road City Marriottsville State MD Zip Code 21104 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007 <b>Transaction ID: 2224287</b> Amount of Each Receipt this Period 100.00 Carol Shea-Porter 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) Ms. Cora M. Biernat Mailing Address 3839 Hart Blvd. Apt. 313 City Minneapolis State MN Zip Code 55421 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007 <b>Transaction ID: 2223955</b> Amount of Each Receipt this Period 100.00 Carol Shea-Porter 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 1689 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Jarrett

Mailing Address 5511 Golden Gate Avenue

City State Zip Code  
Oakland CA 94618

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  
03 / 16 / 2007

Transaction ID: 2224768

Amount of Each Receipt this Period  
10.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Ann Owchar

Mailing Address 3726 SW Webster Street

City State Zip Code  
Seattle WA 98126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229450

Amount of Each Receipt this Period  
15.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elaine Magilner

Mailing Address 1251 Fairacres Road

City State Zip Code  
Jenkintown PA 19046

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  
03 / 16 / 2007

Transaction ID: 2224720

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter 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 1690 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Janet M McDaniel Mailing Address 951 Spencer City Los Altos State CA Zip Code 94024 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>0</td><td>3</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: 2229552 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	3		2	0	0	7														
50.00																							
Name of Employer Intel corporation Occupation Marketiing 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. Linda Zenick Mailing Address 5500 Friendship Blvd. Apt. N1522 City Chevy Chase State MD Zip Code 20815 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>0</td><td>3</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: 2227816 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	6		2	0	0	7														
50.00																							
Name of Employer Unemployed Occupation Nurse/Health Coordinator 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. Sally Y. Sedelow Mailing Address PO Box 1200 City Heber Springs State AR Zip Code 72543 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>0</td><td>3</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: 2230020 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	6		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>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 1691 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mary Elizabeth Ford

Mailing Address 1890 East 107th Street #302

City Cleveland State OH Zip Code 44106

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  
03 / 16 / 2007

Transaction ID: 2224637

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Margaret George

Mailing Address 133 Progress Drive

City Doylestown State PA Zip Code 18901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 16 / 2007

Transaction ID: 2227636

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Dorothy M. Lewis

Mailing Address 2427 W. Nellie Sisson Road

City Morgantown State IN Zip Code 46160

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 16 / 2007

Transaction ID: 2227782

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter 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 1692 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 T. Serlemitos		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 111 Market Place, Ste. 310		Transaction ID: 2231277
City State Zip Code Baltimore MD 21202	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 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. Mary B. Holt		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 18616 N. 99th Avenue # 2027		Transaction ID: 2228510
City State Zip Code Sun City AZ 85373	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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. Bonnie R Clendenning		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2007
Mailing Address 23 Blake Street		Transaction ID: 2220428
City State Zip Code Newton MA 02460	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Contributions	
Name of Employer Occupation Archaeological Institute Executive 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 1693 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Marjorie Bender		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 10375 Wilshire Blvd Apt. 6D		<b>Transaction ID:</b> 2224760	
City State Zip Code Los Angeles CA 90024	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Occupation Aerolease Long Beach Management	<b>[MEMO 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. Francis Doran		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 3517 Hillcrest Drive		<b>Transaction ID:</b> 2229335	
City State Zip Code Belmont CA 94002	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Occupation Self RE BROken	<b>[MEMO 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 K. Dalsimer		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2007	
Mailing Address 111 Lakeside Circle		<b>Transaction ID:</b> 2227373	
City State Zip Code Pompano Beach FL 33060	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 1694 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 T. Kahler		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 3500 E. Lincoln Drive # 49		Transaction ID: 2227765
City State Zip Code Phoenix AZ 85018	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Contributions	
Name of Employer Occupation Squire, Sanders & Dempsey 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. Katherine W. Paterson		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address 32 W. Cobble Hill Road		Transaction ID: 2220358
City State Zip Code Barre VT 05641	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Contributions	
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> Mr. William Ivan Shorter		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 1311 Lakeside Avenue		Transaction ID: 2224750
City State Zip Code Baltimore MD 21218	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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 1695 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Shirley G. Vitale		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 1800 S Ocean Drive # 401		<b>Transaction ID:</b> 2223910	
City State Zip Code Fort Lauderdale FL 33316	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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. Rose Murphy		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 3420 78th St Apt 6J		<b>Transaction ID:</b> 2228081	
City State Zip Code Jackson Hts NY 11372	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Contributions		
Name of Employer Occupation Hotel Empl Research 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>C.</b> Ms. Peggy E Jones		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2007	
Mailing Address 341 Brockway PI		<b>Transaction ID:</b> 2219923	
City State Zip Code Saginaw MI 48602	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Contributions		
Name of Employer Occupation GM 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>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 1696 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Marian Lee Edelstein

Mailing Address 180 E. Pearson Street  
# 3801

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 2228521

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Maria T Meuse

Mailing Address 3358 Woodburn Road#33  
apt. #33

City Annandale State VA Zip Code 22003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Fairfax County Health Dep-  
t., 10777 Mai Registered Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2007

Transaction ID: 2230614

Amount of Each Receipt this Period  
20.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Karla Bassler

Mailing Address 18 Old Farm Lane

City Attleboro State MA Zip Code 02703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2227625

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 0.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Chafin

Mailing Address 5773 N Commercial Ave

City State Zip Code  
Portland OR 97217

FEC ID number of contributing federal political committee. **C**

Name of Employer King & Spalding 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  
03 / 23 / 2007

Transaction ID: 2229578

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Margaret M. Barrett

Mailing Address 58 Upper Lake Shore Drive

City State Zip Code  
Katonah NY 10536

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 14 / 2007

Transaction ID: 2223899

Amount of Each Receipt this Period  
150.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Fitzpatrick

Mailing Address 7901 Seminole Blvd.  
Apt. 1302

City State Zip Code  
Seminole FL 33772

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 14 / 2007

Transaction ID: 2224073

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter 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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Hannah Banks		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 6 / 2 0 0 7	
Mailing Address 790 Boylston Street		<b>Transaction ID:</b> 2220245	
City State Zip Code Boston MA 02199		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Laura S Murra		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 5 / 2 0 0 7	
Mailing Address 2325 Oak Street National Clearinghouse on Mari		<b>Transaction ID:</b> 2220172	
City State Zip Code Berkeley CA 94708		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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) Miss Paulina C. Kreger		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 6 / 2 0 0 7	
Mailing Address P.O. Box 188		<b>Transaction ID:</b> 2230079	
City State Zip Code Redding Ridge CT 06876		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 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 1699 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Henry Frank		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address P.O. Box 248		<b>Transaction ID:</b> 2230087	
City Lempster	State NH	Amount of Each Receipt this Period 30.00	
Zip Code 03605		Carol Shea-Porter Contributions	
FEC ID number of contributing federal political committee. C		<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>B.</b> Full Name (Last, First, Middle Initial) Mr. William T. Doyle		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 6 Tyler Road		<b>Transaction ID:</b> 2229476	
City Hanover	State NH	Amount of Each Receipt this Period 100.00	
Zip Code 03755		Carol Shea-Porter Contributions	
FEC ID number of contributing federal political committee. C		<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>C.</b> Full Name (Last, First, Middle Initial) Mrs. Marilyn P. Hollinshead		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address P.O. Box 3000-3122		<b>Transaction ID:</b> 2229494	
City WestTisbury	State MA	Amount of Each Receipt this Period 100.00	
Zip Code 02575		Carol Shea-Porter Contributions	
FEC ID number of contributing federal political committee. C		<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) .....	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Siegenthaler		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address P.O. Box 336		Transaction ID: 2224297	
City State Zip Code Pt. Clyde ME 04855		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 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. Jeanne Legge		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 150 Sunken Forest Drive Apt. 108		Transaction ID: 2229658	
City State Zip Code Forsyth MO 65653		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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) Ms. Mary Anne Hunter		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 604 Washington Square S #1502		Transaction ID: 2223200	
City State Zip Code Philadelphia PA 19106		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 Occupation Hunter Landscape Design Landscape Designer		<b>[MEMO 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 1701 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 F Robinson		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 149 Halligan Ave		<b>Transaction ID:</b> 2229455	
City State Zip Code Worthington OH 43085		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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. Priscilla Maynard		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 600 Manatee Avenue, Apt. 107		<b>Transaction ID:</b> 2230022	
City State Zip Code Holmes Beach FL 34217		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 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. John Morrill		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 316 S. Irving Street		<b>Transaction ID:</b> 2222945	
City State Zip Code Arlington VA 22204		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Occupation Energy-Efficient Economy Manager/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>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 1702 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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 F. Dworkin		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 31401 Stonewood Court West		<b>Transaction ID:</b> 2223884	
City State Zip Code Farmington Hills MI 48334	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 Deworth Investment Co.	Occupation Sec. Management		
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> Mrs. Shirley A. Lubin		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 7820 Allengrove Street		<b>Transaction ID:</b> 2230038	
City State Zip Code Downey CA 90240	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Downey Unified School District	Occupation Elementary Principal		
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. Terry Maul		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 6155 Bluffwood Drive		<b>Transaction ID:</b> 2223077	
City State Zip Code Riverside CA 92506	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 35	Occupation Professor		
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 1703 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Andrew W Brainerd		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 612 Deming Place		<b>Transaction ID:</b> 2229434	
City State Zip Code Chicago IL 60614		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 Self 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Nadine R. Tucker		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address P.O. Box 493185		<b>Transaction ID:</b> 2229539	
City State Zip Code Redding CA 96049		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 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 A Durham		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 5719 Bell Tower Lane		<b>Transaction ID:</b> 2224466	
City State Zip Code Fort Wayne IN 46815		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 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 1704 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Nancy B. Kuemmerle Mailing Address P.O. Box 449 City State Zip Code Grantham NH 03753 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>0</td><td>3</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: 2231296 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	7	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	0		2	0	0	7														
25.00																							
Name of Employer: Medical College Va. 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>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Patricia F. Shanks Mailing Address 783 Contra Costa Avenue City State Zip Code Berkeley CA 94707 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>0</td><td>3</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: 2224537 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	6		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>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Afton E. Crooks Mailing Address 6232 Manoa Street City State Zip Code Oakland CA 94618 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>0</td><td>3</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: 2222990 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	3		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>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 1705 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Wanee Butler		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 795 Newland Court		<b>Transaction ID:</b> 2224004	
City State Zip Code Boulder CO 80303		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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. Daphne Wall		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address P.O. Box 1116		<b>Transaction ID:</b> 2230506	
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>		Carol Shea-Porter Contributions	
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	

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Lucille Celia Behrens		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 63 South Lilburn Drive		<b>Transaction ID:</b> 2230095	
City State Zip Code Garnerville NY 10923		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 1706 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 P. Boegel Mailing Address 772 Oak Oval City Mechanicsburg State PA Zip Code 17007 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>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2224033 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	4		2	0	0	7														
50.00																							
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 ▼ <table border="1"> <tr> <td>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Dana L. Thompson Mailing Address 23060 Evergreen Lane City Los Gatos State CA Zip Code 95033 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>0</td><td>3</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: 2223066 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	3		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>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. C. Joyce France Mailing Address 1101 Spruce Avenue City Alamogordo State NM Zip Code 88310 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>0</td><td>3</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> Transaction ID: 2228578 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	0		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>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 1707 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Debbie L Benner		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2007	
Mailing Address 2400 Hillside Road		<b>Transaction ID:</b> 2224484	
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>		Carol Shea-Porter Contributions	
Name of Employer Winklevoss Technologies, LLC	Occupation Actuary		
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. Judith Parks		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 32 River Road		<b>Transaction ID:</b> 2229156	
City State Zip Code Rollinsford NH 03869	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		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. Joanne A. Hayne		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 24023 7th Place W.		<b>Transaction ID:</b> 2224149	
City State Zip Code Bothell WA 98021	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		Occupation REQUESTED	
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:	PAGE 1708 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 B. Pennink		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 635 Medford Leas		<b>Transaction ID:</b> 2229114	
City State Zip Code Medford NJ 08055	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 Occupation REQUESTED	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. Lynette B. Reilly		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 12516 Davan Drive		<b>Transaction ID:</b> 2228533	
City State Zip Code Silver Spring MD 20904	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 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>C.</b> Ms. Jane Wurz		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address P.O. Box 71		<b>Transaction ID:</b> 2228067	
City State Zip Code Port Salerno FL 34992	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 Occupation REQUESTED	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 1709 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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 L. Bundy

Mailing Address 170 E 79th Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2227697

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Betty A. Prashker

Mailing Address 241 Central Park West

City State Zip Code  
New York NY 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Editor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229425

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter 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 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  
03 / 13 / 2007

Transaction ID: 2222785

Amount of Each Receipt this Period  
250.00

Carol Shea-Porter 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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Nancy Vandyke Mailing Address 65 Main Avenue City State Zip Code Sea Cliff NY 11579 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007 <b>Transaction ID: 2228886</b> Amount of Each Receipt this Period 25.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Self Occupation Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Anna Narbutovskih Mailing Address 14288 Woodland Drive City State Zip Code Guerneville CA 95446 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007 <b>Transaction ID: 2228500</b> Amount of Each Receipt this Period 50.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer L-3 Wescam Occupation Sr. Software Engineer 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. Alice E. Trexler Mailing Address 48 Spy Pond Lane City State Zip Code Arlington MA 02474 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007 <b>Transaction ID: 2224302</b> Amount of Each Receipt this Period 100.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Tufts 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>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Elaine Barrett

Mailing Address 96 North Road

City Hancock State NH Zip Code 03449

FEC ID number of contributing 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  
03 / 13 / 2007

Transaction ID: 2223134

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Karen Joy Griffin

Mailing Address 652 Quarry Lane

City Richmond Heights State OH Zip Code 44143

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Horticultural Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2007

Transaction ID: 2228030

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter 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 Occupation self engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2007

Transaction ID: 2229432

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter 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 1712 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Brownell		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 2692 E. Highland Avenue # 42		<b>Transaction ID:</b> 2228967
City State Zip Code Highland CA 92346	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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. Mary Jane Pellarin-Palmer		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 1440 Briarcreek Drive		<b>Transaction ID:</b> 2229471
City State Zip Code Kirkwood MO 63122	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 Retail Bookstore Manager Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. WKirk Avery		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address PO Box 411 (Mail)		<b>Transaction ID:</b> 2230051
City State Zip Code Bridgewater MA 02324	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 Current (SAG) Performer 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 1713 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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 Lenoble		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 655C Ardmore Road		Transaction ID: 2224045
City State Zip Code Monroe Township NJ 08831	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sonia Ragir		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 188 Abbey Road		Transaction ID: 2224793
City State Zip Code Mt Tremper NY 12457	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation 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. Susan Addelston		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 66 Merion Lane		Transaction ID: 2223974
City State Zip Code Jackson NJ 08527	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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) ..... ▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Bertness

Mailing Address 10725 Midsummer Drive

City State Zip Code  
Reston VA 20191

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 28 / 2007

Transaction ID: 2230529

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sally Mock

Mailing Address 1433 Glenbrook Drive

City State Zip Code  
Oklahoma City OK 73118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
McAfee & Taft Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224420

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Susan H Press

Mailing Address 3604 Shepherd Street

City State Zip Code  
Chevy Chase MD 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 13 / 2007

Transaction ID: 2222788

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ► **0.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 G. Rogers		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 3608 Bechler Lane		<b>Transaction ID:</b> 2223946	
City State Zip Code Winston-Salem NC 27106	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 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. Edward D. Pillar		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 668 Rochdale Circle		<b>Transaction ID:</b> 2223892	
City State Zip Code Lombard IL 60148	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Contributions		
Name of Employer Occupation Elwood Public Schls 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. Barbara Crain		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 2905 Bliss Avenue		<b>Transaction ID:</b> 2228506	
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>	Carol Shea-Porter Contributions		
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 1716 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. David R. Daniel		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007
Mailing Address 16120 Rancho Del Lago		<b>Transaction ID:</b> 2224835
City State Zip Code moreno valley CA 92551	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Prudential California Realty	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. Joyce J. Classen		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007
Mailing Address PO Box 9089		<b>Transaction ID:</b> 2224238
City State Zip Code Winter Haven FL 33883	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Nancy G. Sippel		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007
Mailing Address 1515 Brooklyn Avenue		<b>Transaction ID:</b> 2224456
City State Zip Code Ann Arbor MI 48104	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 1717 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Janice Shapiro		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 220 Parkwood Avenue		<b>Transaction ID:</b> 2230542	
City State Zip Code Rochester NY 14620	Amount of Each Receipt this Period 250.00		
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	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

<b>B.</b> Full Name (Last, First, Middle Initial) Kathleen Visovatti		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 731 Watersedge Dr		<b>Transaction ID:</b> 2222832	
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>		Carol Shea-Porter Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Masao Yafuso		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 25312 Cheyenne Way		<b>Transaction ID:</b> 2220345	
City State Zip Code Lake Forest CA 92630	Amount of Each Receipt this Period 20.00		
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	<b>[MEMO ITEM]</b> MEMO	
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 1718 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Austin

Mailing Address 1516 Veranda Cir

City State Zip Code  
Murfreesboro TN 37130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Middle TN State University Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2007

Transaction ID: 2228974

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Donna Brodd

Mailing Address 2508 Melaway Drive

City State Zip Code  
Richmond VA 23228

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Commonwealth of VA Educational Administration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 2228493

Amount of Each Receipt this Period  
250.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Matthew H Stowell

Mailing Address 7268 Hopewell Ct.

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dublin City Schools 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  
03 / 22 / 2007

Transaction ID: 2229481

Amount of Each Receipt this Period  
10.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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 H. Aldrich		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 38 Cloud Leaf Place		Transaction ID: 2228086	
City State Zip Code The Woodlands TX 77381	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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. Charles H Christensen		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 69 High Road		Transaction ID: 2224480	
City State Zip Code Newbury MA 01951	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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) Dr. John E Schowalter		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 256 Ives Street		Transaction ID: 2229442	
City State Zip Code Hamden CT 06518	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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 1720 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input 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. Patricia C Shanley		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 123 Cromwell Hill Road		<b>Transaction ID:</b> 2224518	
City State Zip Code Monroe NY 10950	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Retired	Occupation Library Media Specialist		
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 J. Yamada		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 6915 Blaisdell Road		<b>Transaction ID:</b> 2223149	
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>		Carol Shea-Porter Contributions	
Name of Employer Self	Occupation Scientist		
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. Eleanor Eisenberg		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 6961 184th Street		<b>Transaction ID:</b> 2227680	
City State Zip Code Flushing NY 11365	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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>[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 1721 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input 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 Starr		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 48 Wardell Road		<b>Transaction ID:</b> 2224676
City State Zip Code Livingston NJ 07039	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 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. Barbara Enagonio		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 15311 Pine Orchard Dr Apt 1E		<b>Transaction ID:</b> 2229657
City State Zip Code Silver Spring MD 20906	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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. Raymond Fields		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 6944 Viale Elizabeth		<b>Transaction ID:</b> 2227677
City State Zip Code Delray Beach FL 33446	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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 1722 / 2428
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="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 D. Ackerly		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 26 Parker Street		<b>Transaction ID:</b> 2229513	
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>	Carol Shea-Porter 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. Candace Petersen		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 716 S Riverside Dr		<b>Transaction ID:</b> 2228090	
City State Zip Code Neptune NJ 07753	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Contributions		
Name of Employer Occupation Jensen-Jones, Inc. Systems 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> Dr. Joyce Friedman		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 221 Mt Auburn St		<b>Transaction ID:</b> 2229520	
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>	Carol Shea-Porter 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 1723 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 L. Killoran		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 700 W. Fabyan Pkwy Apt. 114A		<b>Transaction ID:</b> 2223945	
City State Zip Code Batavia IL 60510	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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. David L. Wells		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 7000 Steely Ridge Road		<b>Transaction ID:</b> 2224635	
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>		Carol Shea-Porter 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. Virginia Gwynn		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 3 Arrowhead Lane		<b>Transaction ID:</b> 2228554	
City State Zip Code Cos Cob CT 06807	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 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 1724 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 G. Stahl, D.M.D. Mailing Address 100 Magnolia Road City State Zip Code Manchester NH 03104 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007 <b>Transaction ID: 2229161</b> Amount of Each Receipt this Period 100.00 Carol Shea-Porter 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. Steve Walton Mailing Address 195 Spuraway Dr City State Zip Code San Mateo CA 94403 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007 <b>Transaction ID: 2230864</b> Amount of Each Receipt this Period 50.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation InfoLore Consultant 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. Rudolph Hurwich Mailing Address 2608 Ninth Street City State Zip Code Berkeley CA 94710 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007 <b>Transaction ID: 2229084</b> Amount of Each Receipt this Period 250.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Self Mgmt 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) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 B. Hillman		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 299 Belknap Road		<b>Transaction ID:</b> 2223858	
City State Zip Code Framingham MA 01701	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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> Ms. Carolyn R. Greaves		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 7 Tidewater Cove		<b>Transaction ID:</b> 2224627	
City State Zip Code Falmouth ME 04105	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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>C.</b> Ms. Sarah B. Glickenhau		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 100 Dorchester Road		<b>Transaction ID:</b> 2224078	
City State Zip Code Scarsdale NY 10583	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter Contributions		
Name of Employer Self Occupation Speech and Hearing 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		

<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 1726 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Peter B. Meyer		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7	
Mailing Address 3205 Huntersridge Lane		<b>Transaction ID:</b> 2229548	
City State Zip Code Taylor Mill KY 41015	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter Contributions		
Name of Employer Occupation University of Louisville 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. Sue Riseling		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7	
Mailing Address 2974 Roidt Road		<b>Transaction ID:</b> 2224141	
City State Zip Code Stoughton WI 53589	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter Contributions		
Name of Employer Occupation Univ. of Wisconsin - Madison Police Chief	<b>[MEMO 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. Bruce Hellmer		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7	
Mailing Address 4000 Pleasant Valley		<b>Transaction ID:</b> 2222772	
City State Zip Code Brighton MI 48114	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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 1727 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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 Yuter

Mailing Address 5 Dover Avenue

City State Zip Code  
Garden City NY 11530

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  
03 / 13 / 2007

**Transaction ID: 2222974**

Amount of Each Receipt this Period  
200.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patricia Swedlow

Mailing Address 1353 Shady Avenue

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  
03 / 13 / 2007

**Transaction ID: 2222810**

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joseph Williams

Mailing Address 401 N. Du Quion Street # 4

City State Zip Code  
Benton IL 62812

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 15 / 2007

**Transaction ID: 2224237**

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter 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 1728 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Marianne Schmidt		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 7256 Yuma Ct N		<b>Transaction ID:</b> 2229443	
City State Zip Code Maple Grove MN 55311	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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. Joseph C. Najpaver		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 154 Lombard, # 46		<b>Transaction ID:</b> 2223920	
City State Zip Code San Francisco CA 94111	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 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) Dr. Allan S Abramson		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 405 Underhill Place		<b>Transaction ID:</b> 2229647	
City State Zip Code Alexandria VA 22305	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 1729 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 Alexanian		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 4082 Breakwood Drive		<b>Transaction ID:</b> 2228637	
City State Zip Code Houston TX 77025	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 Occupation 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		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Venetia Holland		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 526 Alleghey Avenue		<b>Transaction ID:</b> 2222937	
City State Zip Code Baltimore MD 21204	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 Occupation Coldwell Banker Realtor	<b>[MEMO 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. Caroline R. DeOlden		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 16825 SW Chinook Drive		<b>Transaction ID:</b> 2230718	
City State Zip Code Crooked River Ranc OR 97760	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 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 1730 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Jane R. Olsen		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 5132 Saint Davids Drive		<b>Transaction ID:</b> 2224092	
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>	Carol Shea-Porter 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 Townsend		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 20 Clairborne Ct		<b>Transaction ID:</b> 2228013	
City State Zip Code Bluffton SC 29909	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 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. Elizabeth M. Sherman		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 245 E. 93rd Street, Apt. 18B		<b>Transaction ID:</b> 2231310	
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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 1731 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Anne Alexander

Mailing Address 2105 Schulle

City State Zip Code  
Austin TX 78703

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Medical Arts Internal Medicine

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2007

Transaction ID: 2229525

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Sirikka T. Holm

Mailing Address PO Box 249  
Campbell Hill Road

City State Zip Code  
Francestown NH 03043

FEC ID number of contributing 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  
03 / 16 / 2007

Transaction ID: 2224740

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Richard Walton

Mailing Address 89 Glenwood Road

City State Zip Code  
Clinton CT 06413

FEC ID number of contributing 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  
03 / 19 / 2007

Transaction ID: 2228068

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ► **0.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 A. Gamson		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 5 Boston Hill Road		Transaction ID: 2223042
City State Zip Code Chilmark MA 02535	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Dorothy Baker		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 4196 Diamond Drive		Transaction ID: 2224673
City State Zip Code Eagan MN 55122	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 RN Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Clyde E Shorey, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 3033 West Lane Keys NW		Transaction ID: 2224416
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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) ..... ▶	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 1733 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Lee Bunyan

Mailing Address 4706 Olivia Avenue

City State Zip Code  
Royal Oak MI 48073

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 20 / 2007

Transaction ID: 2228496

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Melissa L. Epple

Mailing Address 20 Village Lane

City State Zip Code  
Santa Fe NM 87505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Healthcare

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2007

Transaction ID: 2230861

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lucinda Dudley

Mailing Address 10 Bray Wood Road

City State Zip Code  
Williamsburg VA 23185

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  
03 / 22 / 2007

Transaction ID: 2229149

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter 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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input 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 Iris A. Gruwell		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 290 Stoneykirk Dr		<b>Transaction ID:</b> 2227775	
City State Zip Code Bella Vista AR 72715	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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. K. Ann Stebbins		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 208 College View Drive		<b>Transaction ID:</b> 2228571	
City State Zip Code Richmond KY 40475	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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. Gloria D. Pond		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 463 Good Hill Road		<b>Transaction ID:</b> 2227569	
City State Zip Code Woodbury CT 06798	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter Contributions		
Name of Employer Occupation Naugatuck Valley CC 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 1735 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Bernstein

Mailing Address 47 Montell Street

City State Zip Code  
Oakland CA 94611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mills 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  
03 / 15 / 2007

Transaction ID: 2224258

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence L. Adrian

Mailing Address 907 Boston Road

City State Zip Code  
Groton MA 01450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Cerner DHT 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  
03 / 26 / 2007

Transaction ID: 2230019

Amount of Each Receipt this Period  
150.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nancy Greenwood

Mailing Address 486 N State St

City State Zip Code  
Concord NH 03301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Nancy Greenwood Smith Insurance Insurance 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  
03 / 30 / 2007

Transaction ID: 2231142

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Blair		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 211 Durazno Way		Transaction ID: 2220188	
City State Zip Code Portola Valley CA 94028	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Occupation Yahoo! SVP	[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. Doris Stillman		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 125 56th Avenue, S. Apt. 33		Transaction ID: 2230511	
City State Zip Code St. Petersburg FL 33705	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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. Deborah P. Jones-Steele		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 1128 Beacon St		Transaction ID: 2223194	
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>		Carol Shea-Porter 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 1737 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Christine Sellge

Mailing Address 30 Copper Beech Road

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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224691

Amount of Each Receipt this Period  
250.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Wolff-Reichert

Mailing Address 45 Penhurst Park

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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2007

Transaction ID: 2228093

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Norma S Liner

Mailing Address 10953 Cherry Ridge Road

City State Zip Code  
Sebastopol CA 95472

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2007

Transaction ID: 2224821

Amount of Each Receipt this Period  
10.00

Carol Shea-Porter 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 1738 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Rima D. Apple		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 2013 Madison Street		<b>Transaction ID:</b> 2223957	
City State Zip Code Madison WI 53711	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter Contributions		
Name of Employer Occupation University 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		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Marsha L Barton		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 1653 Park Ave.		<b>Transaction ID:</b> 2230244	
City State Zip Code Sycamore IL 60178	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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. Abraham Spector		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 89 Hemlock Drive		<b>Transaction ID:</b> 2224664	
City State Zip Code Farmingdale NY 11735	Amount of Each Receipt this Period 12.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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 / 2428
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Dorothy Weinstein		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 2818 N 46 Avenue K - 492		<b>Transaction ID:</b> 2228107	
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>		Carol Shea-Porter 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. Jean Grissim		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 78-7030 Alii Drive Apt. 301		<b>Transaction ID:</b> 2228052	
City State Zip Code Kailua Kona HI 96740		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 Occupation State of HI 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. Jacques Rondeau		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 2055 Park Road NW		<b>Transaction ID:</b> 2224351	
City State Zip Code Washington DC 20010		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 Occupation Rosemount Center Chief Operating 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) ..... ▶	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 1740 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Atherlie Gidding		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 900 Hollinshead Spring Road		<b>Transaction ID:</b> 2230671	
City State Zip Code Skillman NJ 08558	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 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. Pauline E. Levin		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 9 Haven Court, Apt. 1		<b>Transaction ID:</b> 2223978	
City State Zip Code Nyack NY 10960	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 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. Hope Cobb		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 142 Mercer Street		<b>Transaction ID:</b> 2231288	
City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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 1741 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 H Fishman		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 2316 Clover Lane		Transaction ID: 2220165
City State Zip Code Northfield IL 60093	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer North Shore Youth Health Services	Occupation social worker	
Receipt For: <input 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. Eileen Hamper		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 1300 Burrows Rd		Transaction ID: 2229436
City State Zip Code Campbell CA 95008	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Christa I. Burgoyne		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 2828 Forest Avenue		Transaction ID: 2229492
City State Zip Code Berkeley CA 94705	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 1742 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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 Y  
03 / 16 / 2007

Transaction ID: 2224530

Amount of Each Receipt this Period  
5.00

Carol Shea-Porter 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 Bantam State CT Zip Code 06750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 28 / 2007

Transaction ID: 2230453

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Miss Leila E. Tolleson

Mailing Address 11613 SE 7th Street, Apt. 236

City Vancouver State WA Zip Code 98683

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 15 / 2007

Transaction ID: 2224315

Amount of Each Receipt this Period  
5.00

Carol Shea-Porter 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 1743 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Karla Brooks Baehr

Mailing Address 9 Stephen Place

City State Zip Code  
Newton MA 02461

FEC ID number of contributing federal political committee. **C**

Name of Employer City of Lowell, MA Occupation 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 Y  
03 / 23 / 2007

Transaction ID: 2229394

Amount of Each Receipt this Period  
250.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marjorie A. Kalins

Mailing Address 140 Riverside Drive, Apt. 9J

City State Zip Code  
New York NY 10026

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Television Production

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2007

Transaction ID: 2230917

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Linda Melski

Mailing Address 1136 W Ives Street

City State Zip Code  
Marshfield WI 54449

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2224137

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter 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 1744 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Leotus Morrison		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 4440 Grattan Price Drive Unit 3		<b>Transaction ID:</b> 2223146	
City State Zip Code Harrisonburg VA 22801		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 Occupation University of Virginia Professor Emerita-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. Susan Link Olsen		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address 854 Sutton Ct		<b>Transaction ID:</b> 2224328	
City State Zip Code Lincolnshire IL 60069		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 Occupation Chicago Home & Garden Magazine 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. Nancy Johnston		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007	
Mailing Address 20500 Oak Highlands Avenue		<b>Transaction ID:</b> 2231278	
City State Zip Code Tehachapi CA 93561		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 Occupation Flagstaff Med Ctr Medical Microbiologist		<b>[MEMO 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 1745 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 B Wilson

Mailing Address 14 Pond Rd # 55

City State Zip Code  
Blue hill ME 04614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229484

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Katherine B Ross

Mailing Address 437 East 84th Street

City State Zip Code  
New York NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Editor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229444

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sarah W Gallagher

Mailing Address 1136 First Avenue

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self writer/producer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229470

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter 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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Maj. Bonnie O'Leary		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 2243 S. Kingston Court		<b>Transaction ID:</b> 2222999	
City Aurora	State CO	Zip Code 80014	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sara B Wilson		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 14 Pond Rd # 55		<b>Transaction ID:</b> 2224405	
City Blue hill	State ME	Zip Code 04614	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Eunice Davis		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 436 Transit Avenue		<b>Transaction ID:</b> 2228075	
City Roseville	State MN	Zip Code 55113	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 Self	Occupation Consultant		
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 1747 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Theodora Elkinton Waring		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 45 Rochester Road		Transaction ID: 2228484
City State Zip Code Newton MA 02458	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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. Claudia Bartelt		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address PO Box 8		Transaction ID: 2223065
City State Zip Code Moss Landing CA 95039	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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> Ms. Susan R. Lamb		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 428 North Saint Asaph Street		Transaction ID: 2222968
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 Organization development 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 1748 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Cerney Mailing Address 900 W. Vine Street City Lodi State CA Zip Code 95240 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007 <b>Transaction ID: 2222980</b> Amount of Each Receipt this Period 10.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Self Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Zoe W. Mikva Mailing Address 5020 S. Lake Shore Dr. Apt. 3606 City Chicago State IL Zip Code 60615 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007 <b>Transaction ID: 2229490</b> Amount of Each Receipt this Period 100.00 Carol Shea-Porter 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. Elizabeth Beaujour Mailing Address 450 West End Avenue City New York 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 03 / 20 / 2007 <b>Transaction ID: 2228560</b> Amount of Each Receipt this Period 100.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Hunter College Occupation Professor 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 1749 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. N. Sue Alden

Mailing Address 4540 8th Avenue NE # 802

City State Zip Code  
Seattle WA 98105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 15 / 2007

Transaction ID: 2224271

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. D. E. McGill

Mailing Address POB 619  
Lake Vallecito

City State Zip Code  
Bayfield CO 81122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 30 / 2007

Transaction ID: 2231322

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Charlotte Koskoff

Mailing Address 8 River Edge Court

City State Zip Code  
Plainville CT 06062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Koshoff Law Office 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  
03 / 26 / 2007

Transaction ID: 2230025

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ► 0.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Edith S. Bingham		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 4309 Glenview Avenue P.O. Box 64		<b>Transaction ID:</b> 2230486	
City State Zip Code Glenview KY 40025	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 Occupation None Community Volunteer	<b>[MEMO 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. Lucy Wilson Benson		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 46 Sunset Ave		<b>Transaction ID:</b> 2231281	
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 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) Dr. Beverly J. Myers		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 2066 Promontory Point Lane		<b>Transaction ID:</b> 2229072	
City State Zip Code Gold River CA 95670	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 Occupation Kaiser pathologist	<b>[MEMO 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 1751 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input 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. Leah D. Dick		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 4912 Tattershall Way		Transaction ID: 2224408	
City State Zip Code Lawton OK 73501	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Self Occupation Psychologist	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. J. Kelley Nevling		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 88 Central Park West		Transaction ID: 2222883	
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>		Carol Shea-Porter Contributions	
Name of Employer Citibank Occupation Attorney	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Alwyn N. Johnson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2007	
Mailing Address 4601 Rue Belle Mer		Transaction ID: 2229468	
City State Zip Code Sanibel FL 33957	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 Self Occupation Homemaker	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 Swidler		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 2964 Magnolia		<b>Transaction ID:</b> 2223100	
City State Zip Code Berkeley CA 94705		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 Occupation Univ. of CA, Berkley 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. Alwyn N. Johnson		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 4601 Rue Belle Mer		<b>Transaction ID:</b> 2224697	
City State Zip Code Sanibel FL 33957		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 Occupation Self 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>C.</b> Full Name (Last, First, Middle Initial) Mrs. Mary W. Greenwald		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 10577 Drexton Place		<b>Transaction ID:</b> 2228613	
City State Zip Code Newburgh IN 47630		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 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 1753 / 2428
	<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. Natalie Wrubel		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 415 S Madison Street		<b>Transaction ID:</b> 2228544	
City Bloomington	State IN	Zip Code 47403	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	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. Lorene S Sarne		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 4 Monroe Street		<b>Transaction ID:</b> 2231146	
City Rockville	State MD	Zip Code 20850	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer GAO	Occupation 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		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Richard E Quandt		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 162 Springdale Road		<b>Transaction ID:</b> 2224744	
City Princeton	State NJ	Zip Code 08540	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	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 1754 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 A. Hill		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 47 Greenbriar Road		<b>Transaction ID:</b> 2228627
City State Zip Code Summit NJ 07901	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 Resource Center for Women	Occupation Psychiatric Nurse	<b>[MEMO ITEM]</b> MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Ann Y. Todd		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 47-700 Ahuimanu Loop		<b>Transaction ID:</b> 2227802
City State Zip Code Kaneohe HI 96744	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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. Camilla B. Haase		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 88 Park Avenue, Apt. 401		<b>Transaction ID:</b> 2224285
City State Zip Code Arlington MA 02476	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 Sun Microsystems, 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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input 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. Phyllis Schoen		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 919 Westchester Place		<b>Transaction ID:</b> 2230575
City State Zip Code Los Angeles CA 90019	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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> Muriel J. Hinz		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 21912 Kramer St		<b>Transaction ID:</b> 2223072
City State Zip Code St Clr Shores MI 48080	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 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. Elisabeth Fidler		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 4126 Vermont Street		<b>Transaction ID:</b> 2223003
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>	Carol Shea-Porter Contributions	
Name of Employer Occupation NSI Communications 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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Alison H. Miller		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 41 Windsor Drive		<b>Transaction ID:</b> 2228047	
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>		Carol Shea-Porter Contributions	
Name of Employer Occupation West Windsor Township Council Member		<b>[MEMO 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 Lelah Dushkin		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 1404 Legore Lane		<b>Transaction ID:</b> 2231290	
City State Zip Code Manhattan KS 66502		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 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. Jane Porter		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 3 Edward St		<b>Transaction ID:</b> 2228096	
City State Zip Code Portsmouth NH 03801		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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:	PAGE 1757 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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. Lee M. Cali

Mailing Address 2102 S. Elk Circle

City State Zip Code  
Cottonwood AZ 86326

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 2228517

Amount of Each Receipt this Period  
20.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Doleshal, M.D.

Mailing Address 1007 Cedar Street

City State Zip Code  
Elizabeth City NC 27909

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VTHSCSA Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2007

Transaction ID: 2228924

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Patti P. Frounfelter

Mailing Address 125 N. Pansy St

City State Zip Code  
Ishpeming MI 49849

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self CURVES owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224527

Amount of Each Receipt this Period  
10.00

Carol Shea-Porter 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 1758 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Grubbs		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 1382 Newtown Langhorne Rd. #M-05		Transaction ID: 2223059
City State Zip Code Newtown PA 18940	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Self Occupation Artist	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. Jennifer Jones		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2007
Mailing Address 406 Grant Street SW		Transaction ID: 2229620
City State Zip Code Grand Rapids MI 49503	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Grand Rapids Public Schools 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. Betty Vlack		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 1407 Oak Avenue		Transaction ID: 2223915
City State Zip Code Davis CA 95616	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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) ..... ▶	

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Gordon Marshall		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address PO Box 172		<b>Transaction ID:</b> 2228651	
City New London	State NH	Amount of Each Receipt this Period 50.00	
Zip Code 03257		Carol Shea-Porter Contributions	
FEC ID number of contributing federal political committee. C		<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>B.</b> Full Name (Last, First, Middle Initial) Mrs. Janet E. Neff		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 6814 Leonardo Street		<b>Transaction ID:</b> 2227826	
City Coral Gables	State FL	Amount of Each Receipt this Period 50.00	
Zip Code 33146		Carol Shea-Porter Contributions	
FEC ID number of contributing federal political committee. C		<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>C.</b> Full Name (Last, First, Middle Initial) Ms. Joyce Chase		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 2 Fifth Avenue		<b>Transaction ID:</b> 2230227	
City NYC	State NY	Amount of Each Receipt this Period 50.00	
Zip Code 10011		Carol Shea-Porter Contributions	
FEC ID number of contributing federal political committee. C		<b>[MEMO ITEM]</b> MEMO	
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 ▼ 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 1760 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input 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 Philipson Bloom		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 3 McDonald Place		<b>Transaction ID:</b> 2229623	
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>		Carol Shea-Porter Contributions	
Name of Employer Bloom Assoc.	Occupation Government Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

**[MEMO ITEM]**  
MEMO

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Cheryl Rofer		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 402 Vera Drive		<b>Transaction ID:</b> 2227558	
City State Zip Code Santa Fe NM 87501	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	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

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Sheila Martin		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007	
Mailing Address 20 Eagle Gap Road		<b>Transaction ID:</b> 2231127	
City State Zip Code Novato CA 94949	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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>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 1761 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Morton Kaminsky		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 2925 Matthews Avenue		<b>Transaction ID:</b> 2223980	
City State Zip Code Bronx NY 10467	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 NYS Dept. of Motor Vehic	Occupation Motor Vehicle Lic. Examne		
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. Shirley Gabaree		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 41 Daniel Lucy Way		<b>Transaction ID:</b> 2227757	
City State Zip Code Newburyport MA 01950	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		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) Mr. Thomas Delgado		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address PO Box 63012		<b>Transaction ID:</b> 2228986	
City State Zip Code Phoenix AZ 85082	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		Occupation REQUESTED	
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 1762 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Kathy Rulon Mailing Address PO Box 423 City Rehoboth Bch State DE Zip Code 19971 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>0</td><td>3</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: 2229155 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	2		2	0	0	7														
100.00																							
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) Dr. Jon Holtzman Mailing Address 4850 Tobosa Rd City Las Cruces State NM Zip Code 88011 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>0</td><td>3</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: 2224381 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	5		2	0	0	7														
100.00																							
Name of Employer Occupation New Mexico State University Associate 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>C.</b> Full Name (Last, First, Middle Initial) Ms. Fleda A Dean Mailing Address 88 Park Street, # 35 City Portland State ME Zip Code 04101 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>0</td><td>3</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: 2222078 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	3		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>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 1763 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 Barry		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 8909 12TH Ave NE		Transaction ID: 2223205
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>	Carol Shea-Porter Contributions	
Name of Employer Occupation Nat'l Institutes Of Health Research Scientist	<b>[MEMO 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> Caryle Miller		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 8132 Keeler Street		Transaction ID: 2222921
City State Zip Code Alexandria VA 22309	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Contributions	
Name of Employer Occupation DOE 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> Miss Frances Spence Smith		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 685 Mayflower Road		Transaction ID: 2224115
City State Zip Code Claremont CA 91711	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 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 1764 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 B. Novoa		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 39 Farm Drive		Transaction ID: 2222782	
City State Zip Code Farmington CT 06032	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	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Deborah B. Friend		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2007	
Mailing Address 3 Crystal Lane		Transaction ID: 2224783	
City State Zip Code Newton NH 03858	Amount of Each Receipt this Period 5.00		
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 Investment Associate	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Lucille Lussenden		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 16413 Alpine Drive		Transaction ID: 2222770	
City State Zip Code Livonia MI 48154	Amount of Each Receipt this Period 50.00		
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	<b>[MEMO ITEM]</b> MEMO	
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 1765 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 W. Brown

Mailing Address 1526 Henry Clay Avenue

City State Zip Code  
New Orleans LA 70118

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Healthcare consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: 2229344

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Sandy Elkins

Mailing Address 1345 Jabbet Drive

City State Zip Code  
Plano TX 75025

FEC ID number of contributing federal political committee. **C**

Name of Employer Yum! Brands/Pizza Hut Occupation  
Administrative Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 2 / 2 0 0 7

Transaction ID: 2229411

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Dianne E. Nelson

Mailing Address 2743 S. Pitkin Street

City State Zip Code  
Aurora CO 80013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 4 / 2 0 0 7

Transaction ID: 2223998

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter 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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Kerry Costello		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 9 Rambler Road		<b>Transaction ID:</b> 2224558	
City State Zip Code Jamaica Plain MA 02130	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Town of Andover	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. Mabsie B. Walters		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 1000 Chestnut # B		<b>Transaction ID:</b> 2229416	
City State Zip Code San Francisco CA 94109	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	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. Edgar M. Chase		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 9406 Michael Drive		<b>Transaction ID:</b> 2228880	
City State Zip Code Clinton MD 20735	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	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 1767 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 Sulzbacker		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 165 West 66 Street, # 3E		<b>Transaction ID:</b> 2229431	
City State Zip Code New York NY 10023	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 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> Ms. Joan Middleton		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 3920 Grand Ave. #1000E		<b>Transaction ID:</b> 2224131	
City State Zip Code Des Moines IA 50312	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 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. Barbara Hardman		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 39 Jane Lacey Drive, Apt. Q		<b>Transaction ID:</b> 2224787	
City State Zip Code Endicott NY 13760	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Binghamton University Occupation 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) ..... ▶	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 1768 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Cedric Bainton

Mailing Address 50 Ventura Ave

City State Zip Code  
San Francisco CA 94116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UCSF Med Ctr physician-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  
03 / 05 / 2007

Transaction ID: 2220176

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Betty W. Robinett

Mailing Address 1936 Park Forest Avenue

City State Zip Code  
State College PA 16803

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  
03 / 13 / 2007

Transaction ID: 2222828

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joan Whitman

Mailing Address 719 Majors Path

City State Zip Code  
Southampton NY 11968

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Editor

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2007

Transaction ID: 2228982

Amount of Each Receipt this Period  
150.00

Carol Shea-Porter 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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Julia P. Bertsch		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 39 Dwinell Dr		<b>Transaction ID:</b> 2228110	
City State Zip Code Concord NH 03301		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 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. Doe Mayer		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 2545 Verbena Drive		<b>Transaction ID:</b> 2230048	
City State Zip Code Hollywood CA 90068		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 Occupation USC 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. Anne-Marie Schnetzler		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 388 Main Street		<b>Transaction ID:</b> 2223095	
City State Zip Code Morro Bay CA 93442		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 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 1770 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 Siegel Divita		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 113 Randolph Street		Transaction ID: 2231258	
City State Zip Code Northville MI 48167	Amount of Each Receipt this Period 12.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter Contributions		
Name of Employer School Craft College 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. Mary Kyropoulos		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 1938 Mill Rd		Transaction ID: 2228906	
City State Zip Code S Pasadena CA 91030	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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. Susan S Pastin		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2007	
Mailing Address 1340 W. Touhy Avenue Apt. 405		Transaction ID: 2229541	
City State Zip Code Chicago IL 60626	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter Contributions		
Name of Employer US Railroad Retirement Board Occupation Claims Examiner	<b>[MEMO 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 1771 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Carol A. Schreter

Mailing Address 1905 Dixon Road

City State Zip Code  
Baltimore MD 21209

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Social Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222934

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Leora Schuelka

Mailing Address 3047 Rutledge Avenue  
PO Box 26

City State Zip Code  
Cedar IA 52543

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229189

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jan L Flora

Mailing Address 1902 George Allen Ave.

City State Zip Code  
Ames IA 50010

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa State University Occupation sociologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2007

Transaction ID: 2224810

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter 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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 C. Beyer		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 3819 Magnolia Drive		<b>Transaction ID:</b> 2230063	
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>		Carol Shea-Porter 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. Jacqueline Bergen		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 70 W. Burton Place		<b>Transaction ID:</b> 2224727	
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>		Carol Shea-Porter Contributions	
Name of Employer Occupation Unemployed	<b>[MEMO 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. Sylvia Mapes		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 5039 Cathedral Ave NW		<b>Transaction ID:</b> 2231301	
City State Zip Code Washington DC 20016	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 Entre Occupation Salesperson	<b>[MEMO 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 1773 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input 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. Bernice B. Pernhall		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 1330 N.W. 26th Lane		<b>Transaction ID:</b> 2228977
City State Zip Code Delray Beach FL 33445	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 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. AnneMarie Sapko		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address PSC 115 - Box 1019		<b>Transaction ID:</b> 2230551
City State Zip Code APO AE 09213	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 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. Madeleine Littman		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 175 Richdale Avenue, # 114		<b>Transaction ID:</b> 2223190
City State Zip Code Cambridge MA 02140	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Contributions	
Name of Employer Occupation Self 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) ..... ▶	

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Bonnie Flory		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 1902 Adams Street		<b>Transaction ID:</b> 2230067
City State Zip Code Hollywood FL 33020	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 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 G. Papa		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 121 Stacia Street		<b>Transaction ID:</b> 2230470
City State Zip Code Los Gatos CA 95030	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 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. Judith Z. Thorne		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 11930 Escalante Court		<b>Transaction ID:</b> 2224289
City State Zip Code Reston VA 20191	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 Occupation National Archives Archivist	<b>[MEMO 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 1775 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Daniel Rous Mailing Address 304 W. 121st St. #8 City State Zip Code New York NY 10027 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007 <b>Transaction ID: 2229561</b> Amount of Each Receipt this Period 25.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer self Occupation cantor 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. Mary W. Allen Mailing Address 19 W. 10th Street City State Zip Code New York NY 10011 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2227574</b> Amount of Each Receipt this Period 50.00 Carol Shea-Porter 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>C.</b> Full Name (Last, First, Middle Initial) Ms. Pamela Moore Mailing Address 6768 Areca Blvd. City State Zip Code Sarasota FL 34241 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007 <b>Transaction ID: 2230554</b> Amount of Each Receipt this Period 100.00 Carol Shea-Porter 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 1776 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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 W Holdenvenzon

Mailing Address 6722 Mewall Drive

City State Zip Code  
San Diego CA 92119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222996

Amount of Each Receipt this Period  
10.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Non Finkelstein

Mailing Address 55 Kent Lane, Apt. E208

City State Zip Code  
Nashua NH 03062

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  
03 / 13 / 2007

Transaction ID: 2223034

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marion F Connell

Mailing Address 3700 Cumberland St., NW

City State Zip Code  
Washington DC 20016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2007

Transaction ID: 2227830

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter 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 1777 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Marlene Sanders Toobin

Mailing Address 670 West End Avenue  
#14A

City State Zip Code  
New York NY 10025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NYU Professor

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2007

Transaction ID: 2228890

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lois Chaffee

Mailing Address 248 East 7th Street

City State Zip Code  
New York NY 10009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
City of New York 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  
03 / 17 / 2007

Transaction ID: 2224503

Amount of Each Receipt this Period  
35.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Carolyn A Crutchfield

Mailing Address 133 Santolina Park

City State Zip Code  
Peachtree City GA 30269

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2007

Transaction ID: 2229596

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter 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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Laurence C. Gerckens		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 3655 Darbyshire Drive		Transaction ID: 2229482	
City Hilliard State OH Zip Code 43026	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	<b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Elizabeth T. Ruskauff		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 1221 Minor Avenue, Apt. 402		Transaction ID: 2228897	
City Seattle State WA Zip Code 98101	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	<b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Jim Edgemon		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 1 Laurel Circle		Transaction ID: 2223939	
City Wolfeboro State NH Zip Code 03894	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 Retired 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 1779 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Nelson L. Haggerson, Jr.

Mailing Address PO Box 24177

City State Zip Code  
Tempe AZ 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  
03 / 29 / 2007

Transaction ID: 2230711

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Priscilla S. Hunt

Mailing Address 10 Coolidge Hill Road

City State Zip Code  
Cambridge MA 02138

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  
03 / 21 / 2007

Transaction ID: 2228933

Amount of Each Receipt this Period  
500.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mary A Braunagel-Brown

Mailing Address 7321 Roaring Springs Dr.

City State Zip Code  
Austin TX 78736

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 06 / 2007

Transaction ID: 2220213

Amount of Each Receipt this Period  
200.00

Carol Shea-Porter 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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Pam Mueller Mailing Address 74 Stonybrook Lane City State Zip Code Contoocoo NH 03229 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007 <b>Transaction ID:</b> 2224071 Amount of Each Receipt this Period 25.00 Carol Shea-Porter 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Marilyn Johnston Mailing Address 66 Cedar Drive City State Zip Code Washington IA 52353 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007 <b>Transaction ID:</b> 2223972 Amount of Each Receipt this Period 100.00 Carol Shea-Porter 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. Yvonne Logan Mailing Address 36 South Gore Avenue City State Zip Code Saint Louis MO 63119 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007 <b>Transaction ID:</b> 2228593 Amount of Each Receipt this Period 100.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer World Community Ctr. of St. Louis Occupation Director 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 1781 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 S. Rust		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 18747 Ridgfield Road		Transaction ID: 2231315	
City State Zip Code Seattle WA 98177	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 State of Washington	Occupation State Representative		
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. Joanne M Travers		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 13210 Lagunita Way		Transaction ID: 2229136	
City State Zip Code Sutter Creek CA 95685	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	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		
		<b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Andrew Wright		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 356 W. 11th Street		Transaction ID: 2227668	
City State Zip Code Claremont CA 91711	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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>[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 1782 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Lea M. Csala		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 356 S. River Street		<b>Transaction ID:</b> 2228915
City State Zip Code Wilkes Barre PA 18702	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Contributions	
Name of Employer Self 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	

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Mary Besore		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 2705 Stampede Court		<b>Transaction ID:</b> 2223126
City State Zip Code Rocklin CA 95765	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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. John M Jevitts		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007
Mailing Address 97 North Main Street		<b>Transaction ID:</b> 2231186
City State Zip Code West Hartford CT 06107	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Contributions	
Name of Employer student Occupation University of Connecticut	<b>[MEMO 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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Patrick M. Crowley

Mailing Address 7470 Woolston Road

City State Zip Code  
Bloomfield NY 14469

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  
03 / 23 / 2007

Transaction ID: 2229613

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** 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  
03 / 23 / 2007

Transaction ID: 2229606

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Kathleen P Hoffmann

Mailing Address 6506 Mebane Oaks Rd.

City State Zip Code  
Mebane NC 27302

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  
03 / 22 / 2007

Transaction ID: 2229475

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Aubrey C Tobey</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 65 Falmouth Road		<b>Transaction ID: 2229467</b>
City State Zip Code Arlington MA 02474	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer ACT International	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Edwin Hastings</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 75 Minesota Avenue Apt. 312		<b>Transaction ID: 2223895</b>
City State Zip Code Warwick RI 02888	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Self	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Caroline S. Murphy</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 185 Sumner Avenue		<b>Transaction ID: 2231312</b>
City State Zip Code Springfield MA 01108	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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) ..... ▶	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 1785 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 K. Weatherby		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 6401 85th Place		Transaction ID: 2222764	
City State Zip Code New Carrollton MD 20784	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 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. Yde Johan VanDerMeulen		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 98 Hickory Circle		Transaction ID: 2224590	
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>	Carol Shea-Porter 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. Deborah Franczek		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 5555 Everett # 7D		Transaction ID: 2224066	
City State Zip Code Chicago IL 60637	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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 1786 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mary L Riccobono

Mailing Address 1807 Restful Dr

City State Zip Code  
Bradenton FL 34207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 05 / 2007

Transaction ID: 2220191

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Joseph West

Mailing Address 3438 S MacGregor Way

City State Zip Code  
Houston TX 77021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TX Southern Univeris. 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  
03 / 14 / 2007

Transaction ID: 2224156

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Patricia Norred-Derr

Mailing Address 343 Rosedale Drive

City State Zip Code  
Pottstown PA 19464

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kutztown University Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

Transaction ID: 2231255

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter 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 1787 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Perry C Peine		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 343 Bellaire St.		<b>Transaction ID:</b> 2229448	
City State Zip Code Denver CO 80220	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 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. Margaret Scales		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 1800 Greenbrier Road		<b>Transaction ID:</b> 2230085	
City State Zip Code Winston Salem NC 27104	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 Occupation Homemaker / Student	<b>[MEMO 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. Jane Gregozek		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 766 Privet Ct		<b>Transaction ID:</b> 2220334	
City State Zip Code Sunnyvale CA 94086	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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 1788 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Janice Thompson Mailing Address 180 Portsmouth Circle City State Zip Code Glen Mills PA 19342 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>0</td><td>3</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: 2227672 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	7	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	6		2	0	0	7														
25.00																							
Name of Employer: Crozer-Chester Medical Center Occupation: Registered Nurse 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. Esther VanHaften Mailing Address 3404 Dartmouth Drive City State Zip Code Midland MI 48642 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>0</td><td>3</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: 2222814 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	3		2	0	0	7														
100.00																							
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 ▼ <table border="1"> <tr> <td>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Karen Wiskoff Mailing Address 307A Mar Vista Drive City State Zip Code Monterey CA 93940 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>0</td><td>3</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: 2229151 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	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>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 1789 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 L. Olwell		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Friends House # 31 684 Benicia Drive		<b>Transaction ID:</b> 2229348
City State Zip Code Santa Rosa CA 95409	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Self Occupation Artist	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. Carol M. Edmunds		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 308 Silver Street		<b>Transaction ID:</b> 2228477
City State Zip Code Bennington VT 05201	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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>C.</b> Full Name (Last, First, Middle Initial) Dr. Phyllis A Kaufman		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 33470 SW Chinook Plaza #181		<b>Transaction ID:</b> 2224831
City State Zip Code Scappoose OR 97056	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 1790 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

A. Full Name (Last, First, Middle Initial) Ms. Paula D. Sommer		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 57 Ellis Dr		Transaction ID: 2229461	
City Worcester	State MA	Zip Code 01609	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Carol Shea-Porter Contributions	
Name of Employer Ceridian	Occupation programmer		[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. Diane D. Grunes		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 237 Trevethan Avenue		Transaction ID: 2229421	
City Santa Cruz	State CA	Zip Code 95062	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Carol Shea-Porter Contributions	
Name of Employer self	Occupation community volunteer		[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. Joan Bramick		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 32 Childsworth Avenue		Transaction ID: 2229363	
City Bernardsville	State NJ	Zip Code 07924	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Carol Shea-Porter Contributions	
Name of Employer self	Occupation homemaker		[MEMO ITEM] MEMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<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 1791 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Robert D. Schwartz		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 2753 W. Bonnie Brook Lane		<b>Transaction ID:</b> 2224573
City State Zip Code Waukegan IL 60087	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Abbott Labs	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. Patrick Falvey		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address P.O. Box 1211		<b>Transaction ID:</b> 2223022
City State Zip Code Greenfield MA 01302	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer M DeMatteo Construction	Occupation union carpenter	
Receipt For: <input 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. Betty R. Sweren		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 77 Seminary Farm Road		<b>Transaction ID:</b> 2230750
City State Zip Code Timonium MD 21093	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Self	Occupation Artist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<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 1792 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Jones

Mailing Address P.O. Box 186

City State Zip Code  
Riderwood MD 21139

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-employed Investor

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

**Transaction ID: 2229082**

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary A. Thomas

Mailing Address P.O. Box 598

City State Zip Code  
Quincy FL 32353

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  
03 / 23 / 2007

**Transaction ID: 2229652**

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Page W Dwyer

Mailing Address 1705 Millers Rd

City State Zip Code  
Wilmington DE 19810

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  
03 / 29 / 2007

**Transaction ID: 2230828**

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter 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 / 2428
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Ruth C. West Mailing Address 611 Viaduct Bogota City Vista State CA Zip Code 92081 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2224564</b> Amount of Each Receipt this Period 50.00 Carol Shea-Porter 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. Philip Preston Mailing Address P.O. Box 573 City Ashland State NH Zip Code 03217 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007 <b>Transaction ID: 2230655</b> Amount of Each Receipt this Period 150.00 Carol Shea-Porter 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. Laurose Richter Mailing Address 620 Sand Hill Road Apartment 206C City Palo Alto State CA Zip Code 94304 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2007 <b>Transaction ID: 2228603</b> Amount of Each Receipt this Period 100.00 Carol Shea-Porter 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>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Estelle T. Dashman		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 11 Riverview Farm Road		<b>Transaction ID:</b> 2229392
City State Zip Code Ossining NY 10562	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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. Richard H. Goodwin		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address P.O. Box 2040		<b>Transaction ID:</b> 2223967
City State Zip Code Salem CT 06420	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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. Janet Liebowitz		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 6 Northwoods Ln		<b>Transaction ID:</b> 2229584
City State Zip Code Boynton Beach FL 33436	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Contributions	
Name of Employer Occupation Self Painter	<b>[MEMO 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 1795 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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. Halene L. Graves</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 10 West Ridge Lane		<b>Transaction ID: 2230032</b>	
City State Zip Code Sheridan WY 82801	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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. Marguerite Chandler</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address P.O. Box 250 707 East Lake Drive		<b>Transaction ID: 2223851</b>	
City State Zip Code Cape May Point NJ 08212	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Occupation Business Executive	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Eva Jane R. Coombe</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 6 Corbin Drive		<b>Transaction ID: 2223987</b>	
City State Zip Code Cincinnati OH 45208	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 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 1796 / 2428
	<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. Jesse W. Kehres Mailing Address 8 Classic Circle City Madison State WI Zip Code 53719 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>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2229538 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	5		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>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Deva Lund Mailing Address 174 Vista De Oeste City Palm Springs State CA Zip Code 92264 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>0</td><td>3</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2228927 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	1		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	1		2	0	0	7														
50.00																							
Name of Employer Occupation Time Warner Cable Accounting Rep. 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) Miss Vera Blinn Reber Mailing Address 314 East King Street City Shippensburg State PA Zip Code 17257 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>0</td><td>3</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: 2228028 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	9		2	0	0	7														
100.00																							
Name of Employer Occupation Shippensburg Univ Prof. 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 1797 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input 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. Eleanor Schuker		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 150 W. End Avenue Apt. 26F		<b>Transaction ID:</b> 2229600	
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>		Carol Shea-Porter Contributions	
Name of Employer Self Occupation M.D.	<b>[MEMO 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. Mary E Breitlow		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 607 Ventura Street		<b>Transaction ID:</b> 2231182	
City State Zip Code Richmond CA 94805	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer N/A 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		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Frances G Pepper		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 233 Oliver Road		<b>Transaction ID:</b> 2224385	
City State Zip Code Cincinnati OH 45215	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 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 1798 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 03 / 13 / 2007
Mailing Address 314 W 77th Street Apt. 3A		Transaction ID: 2222881
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>		Carol Shea-Porter Contributions  <b>[MEMO ITEM]</b> MEMO
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 ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Fiora M Houghteling		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 15 Bullough Park		Transaction ID: 2229441
City State Zip Code Newton MA 02460	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Coop Ext Service(retired)	Occupation nutritionist	
Receipt For: <input 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. Joan I. Bolker		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 10 chester st.		Transaction ID: 2229536
City State Zip Code Newton MA 02461	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Self	Occupation psychologist/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 1799 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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. Ellanor Malinowski</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 13 Peacock Court		<b>Transaction ID: 2228039</b>	
City State Zip Code San Rafael CA 94901	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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. Mr. David Petrig</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1721 Saulter Road		<b>Transaction ID: 2227799</b>	
City State Zip Code Homewood AL 35209	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter 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. Ms. Lynn Bahrych</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address P.O. Box 336		<b>Transaction ID: 2224747</b>	
City State Zip Code Shaw Island WA 98286	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Carol Shea-Porter Contributions		
Name of Employer Occupation Unemployed	<b>[MEMO 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 1800 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 A. Behrle Mailing Address P.O. Box 437 City State Zip Code Granham NH 03753 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2227622</b> Amount of Each Receipt this Period 200.00 Carol Shea-Porter 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Patricia Medvick Mailing Address P.O. Box 3077 City State Zip Code Richland WA 99354 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2224759</b> Amount of Each Receipt this Period 50.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation PNNL Computer Scientist 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. Yona Donner Hermann Mailing Address 6 Horizon Road, # 1502 City State Zip Code Fort Lee NJ 07024 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2224499</b> Amount of Each Receipt this Period 25.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Blau & Berg Real Estate 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 1801 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Quentin Dixon Mailing Address 6 Ayer Road City Acton State MA Zip Code 01720 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>0</td><td>3</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: 2230734 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	9		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>B.</b> Full Name (Last, First, Middle Initial) Mr. Benjamin Lee Bird Mailing Address P.O. Box 356 City Flint Hill State VA Zip Code 22627 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>0</td><td>3</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: 2222838 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	3		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>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Carole Cotham-Machala Mailing Address 613 Flagler Road City Fort Collins State CO Zip Code 80525 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>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2223872 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	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) .....	▶	<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 1802 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Grant

Mailing Address 1025 Bamar Lane

City State Zip Code  
Galveston TX 77554

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2007

Transaction ID: 2228050

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**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. **C**

Name of Employer Occupation  
Self Property management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229472

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. James E. Kline

Mailing Address 1500 Sheridan Road  
Apt. 5G

City State Zip Code  
Wilmette IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2223889

Amount of Each Receipt this Period  
500.00

Carol Shea-Porter 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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Steven Chickering Mailing Address 5820 Knobcone Court City Richmond State CA Zip Code 94803 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007 <b>Transaction ID: 2229356</b> Amount of Each Receipt this Period 100.00 Carol Shea-Porter 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Elizabeth F. O'Boyle Mailing Address 12 Blueberry Hill Road City Amherst State NH Zip Code 03031 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007 <b>Transaction ID: 2220119</b> Amount of Each Receipt this Period 50.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Cronin & bisson, P.C. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Marilyn Mir Mailing Address 7912 June Lake City San Diego State CA Zip Code 92119 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2224542</b> Amount of Each Receipt this Period 25.00 Carol Shea-Porter 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 1804 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Alix E. Pratt

Mailing Address 58 Neal Street, Apt. 2

City State Zip Code  
Portland ME 04102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Montgomery Co. Pub. Schools Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2007

**Transaction ID: 2229367**

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Dori Galton

Mailing Address P.O. Box 11

City State Zip Code  
North Hartland VT 05052

FEC ID number of contributing 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  
03 / 22 / 2007

**Transaction ID: 2229413**

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Martha Mehta

Mailing Address 2315 Medford Road

City State Zip Code  
Ann Arbor MI 48104

FEC ID number of contributing 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  
03 / 13 / 2007

**Transaction ID: 2222830**

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter 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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ricia S. Hendrick		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 2313 Lantern Lane W.		<b>Transaction ID:</b> 2228066	
City State Zip Code Mobile AL 36693	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 Elevator Woodd	Occupation Journalist		
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>B.</b> Full Name (Last, First, Middle Initial) Ms. Eileen Siedman		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 12 Lomita Drive		<b>Transaction ID:</b> 2223863	
City State Zip Code Mill Valley CA 94941	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	Occupation REQUESTED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

**[MEMO ITEM]**  
MEMO

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Helen Volk		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 6201 Rutland Drive		<b>Transaction ID:</b> 2222904	
City State Zip Code Carmichael CA 95608	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 Cal. Fed. Bank	Occupation Real Estate Mgr		
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) ..... ▶	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 1806 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Amy L Lowrey		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007	
Mailing Address 1502 Newning Avenue		Transaction ID: 2231160	
City State Zip Code Austin TX 78704	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Freelance	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		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Lisa M. Poyer		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 100 West Kingsbridge Road		Transaction ID: 2227571	
City State Zip Code Mount Vernon NY 10550	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 Angers Company	Occupation Theatre 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. Raymond O'Day		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 9510 Old Hyde Park Place		Transaction ID: 2228018	
City State Zip Code Bradenton FL 34202	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	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 1807 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2007

Transaction ID: 2230009

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Phyllis Pearce

Mailing Address 6256 Cameo Street

City State Zip Code  
Alta Loma CA 91701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 22 / 2007

Transaction ID: 2229171

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Rosalie E. Green

Mailing Address 109 Kent Drive

City State Zip Code  
Manassas VA 20111

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Reading Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222964

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter 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 1808 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Emily Mason Kahn

Mailing Address 32 W 20th Street

City State Zip Code  
New York NY 10011

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  
03 / 13 / 2007

Transaction ID: 2222760

Amount of Each Receipt this Period  
250.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Walter Selove

Mailing Address 118 Cherry Lane

City State Zip Code  
Wynnewood PA 19096

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 14 / 2007

Transaction ID: 2224061

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Hannah L. Donigan

Mailing Address 630 W Commerce Road

City State Zip Code  
Commerce MI 48382

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 23 / 2007

Transaction ID: 2229543

Amount of Each Receipt this Period  
10.00

Carol Shea-Porter 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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 Reitbauer		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 560 Little Lake Drive, # 20		Transaction ID: 2224123	
City State Zip Code Ann Arbor MI 48103	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Contributions		
Name of Employer Marymount College Occupation College 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		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Dolores Rosoff		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1310 Primavera St Unit 143		Transaction ID: 2224471	
City State Zip Code Salinas CA 93901	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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. Elizabeth D Fisk		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 770 Boylston Street, # 16G		Transaction ID: 2220229	
City State Zip Code Boston MA 02199	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 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 1810 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Geraldine Howard		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address P.O. Box 828		<b>Transaction ID:</b> 2230450	
City Clinton	State WA	Amount of Each Receipt this Period 25.00	
Zip Code 98236		Carol Shea-Porter Contributions	
FEC ID number of contributing federal political committee. C		<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>B.</b> Full Name (Last, First, Middle Initial) Ms. Kathleen Smith		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 6324 Morrowfield Ave		<b>Transaction ID:</b> 2227796	
City Pittsburgh	State PA	Amount of Each Receipt this Period 50.00	
Zip Code 15217		Carol Shea-Porter Contributions	
FEC ID number of contributing federal political committee. C		<b>[MEMO ITEM]</b> MEMO	
Name of Employer EDMC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Pamela A. Marino		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 8 Mills Rd		<b>Transaction ID:</b> 2227805	
City Gaithersburg	State MD	Amount of Each Receipt this Period 25.00	
Zip Code 20877		Carol Shea-Porter Contributions	
FEC ID number of contributing federal political committee. C		<b>[MEMO ITEM]</b> MEMO	
Name of Employer NIGMS NIH gov. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Program Director 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 1811 / 2428
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 G. Keetch Mailing Address 146 Paddock Avenue City Pismo Beach State CA Zip Code 93449 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007 <b>Transaction ID: 2223878</b> Amount of Each Receipt this Period 50.00 Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer: Lucia Mar School District Occupation: High School Teacher 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. Helena Barnes Mailing Address 1503 Dumbarton Rock CT NW City Washington State DC Zip Code 20007 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007 <b>Transaction ID: 2222933</b> Amount of Each Receipt this Period 25.00 Carol Shea-Porter 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. Susan Brauneiss Mailing Address 555 North Bristol Avenue City Los Angeles State CA Zip Code 90049 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007 <b>Transaction ID: 2229700</b> Amount of Each Receipt this Period 50.00 Carol Shea-Porter 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 1812 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 V. Townley

Mailing Address 2536 2nd Street

City State Zip Code  
Vero Beach FL 32962

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  
03 / 16 / 2007

Transaction ID: 2227753

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Philip Krevitsky

Mailing Address 56 Roger Drive

City State Zip Code  
Port Washington NY 11050

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ernst and Young CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2007

Transaction ID: 2228989

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert Pancner

Mailing Address 7936 Redondo Court

City State Zip Code  
Darien IL 60561

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2007

Transaction ID: 2228166

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 R. Jacobs		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 13123 Parson Lane		<b>Transaction ID:</b> 2222960	
City State Zip Code Fairfax VA 22033	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 Disability	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Margaret Copi		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 3426 Adell Court		<b>Transaction ID:</b> 2228588	
City State Zip Code Oakland CA 94602	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 Psychiatrist	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Elisabeth R Greco		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2007	
Mailing Address 6417 Kenhowe Drive		<b>Transaction ID:</b> 2219968	
City State Zip Code Bethesda MD 20817	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 Editor	<b>[MEMO ITEM]</b> MEMO	
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 1814 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Jan L. Hagen		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 110 Wilkins Avenue		<b>Transaction ID:</b> 2223849	
City Albany	State NY	Zip Code 12205	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 U of Albany	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. Dolores Kaufmann		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 5533 Tiger Road		<b>Transaction ID:</b> 2224157	
City Edwardsville	State IL	Zip Code 62025	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	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. Linda M. Frank		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 157 W Shore Road		<b>Transaction ID:</b> 2224476	
City New Preston	State CT	Zip Code 06777	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Self	Occupation Educational 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 1815 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Waterbury

Mailing Address 3057 S. Higuera, # 181

City State Zip Code  
San Luis Obispo CA 93401

FEC ID number of contributing 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  
03 / 05 / 2007

Transaction ID: 2220161

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Miriam W. Schulman

Mailing Address 645 Tualitan Road

City State Zip Code  
Los Angeles CA 90049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2007

Transaction ID: 2224574

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Neil J Woodruff

Mailing Address 22802 Oatlands Grove Place

City State Zip Code  
Ashburn VA 20148

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NA consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2007

Transaction ID: 2220364

Amount of Each Receipt this Period  
10.00

Carol Shea-Porter 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 1816 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Elaine Chapline-Burns

Mailing Address 99 Scenic Lake Drive

City State Zip Code  
Riverhead NY 11901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223014

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ralph Bristol

Mailing Address 643 W. Camino Corto

City State Zip Code  
Green Valley AZ 85614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 2228528

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Garnet Gorin

Mailing Address 271 Cecelia Way

City State Zip Code  
Bel Tiburon CA 94920

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  
03 / 26 / 2007

Transaction ID: 2230072

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter 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 1817 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 L. Turner		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 945 Lawton Street		<b>Transaction ID:</b> 2224498
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>		Carol Shea-Porter 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. Simone P Joyaux		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 10 Johnson Road		<b>Transaction ID:</b> 2229374
City State Zip Code Foster RI 02825	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 Self-employed  Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Elizabeth J. Owen		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 10 Park Drive		<b>Transaction ID:</b> 2229103
City State Zip Code Yalaha FL 34797	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 1818 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Laura L. Smith

Mailing Address 218 Arlington Street

City Birmingham State MI Zip Code 48009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2227550

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary A. Baker

Mailing Address 3 Hoke Smith Blvd Apt B209  
Rolling Green Village

City Greenville State SC Zip Code 29615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2007

Transaction ID: 2228893

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Janice E. Adams

Mailing Address PO Box 1053

City Kingston State WA Zip Code 98346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2007

Transaction ID: 2220203

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter 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 1819 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 03 / 28 / 2007
Mailing Address 290 9th Avenue, Apt. 13J		<b>Transaction ID:</b> 2230557
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>		Carol Shea-Porter 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. Laura House		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 1507 Farm To Market Rd		<b>Transaction ID:</b> 2228629
City State Zip Code Endwell NY 13760	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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> Mrs. Evelyn M. Feintech		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 10106 Empyrean Way #102		<b>Transaction ID:</b> 2230044
City State Zip Code Los Angeles CA 90067	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 housewife  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 1820 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Edith R Lauderdale		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 55 Nonquitt Ave PO Box P-244		<b>Transaction ID:</b> 2224005	
City State Zip Code So Dartmouth MA 02748		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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) Miss Megan Thomas		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 1173 Colusa Avenue		<b>Transaction ID:</b> 2228035	
City State Zip Code Berkeley CA 94707		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 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. Susan Moyer		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 6519 Sunnyland Lane		<b>Transaction ID:</b> 2227660	
City State Zip Code Dallas TX 75214		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 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 1821 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 C Long		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2007
Mailing Address 949 New Haven Road		<b>Transaction ID:</b> 2229440
City State Zip Code Durham CT 06422	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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. Ruth M Wright		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007
Mailing Address 1440 High Street		<b>Transaction ID:</b> 2224806
City State Zip Code Boulder CO 80304	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 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. JoAnn Nassutti		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007
Mailing Address 2235 Sheraton Place		<b>Transaction ID:</b> 2223882
City State Zip Code San Mateo CA 94402	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 Occupation Hars, Levy, & Weiland, LLC CPA	<b>[MEMO 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 1822 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Bamboo E.L. Solzman		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 5455 S Hyde Park Blvd		<b>Transaction ID:</b> 2229418	
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>	Carol Shea-Porter 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. Patricia B Campbell		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 80 Lakeside Dr		<b>Transaction ID:</b> 2223009	
City State Zip Code Groton MA 01450	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 Occupation Campbell-Kibler Associates Educational researcher	<b>[MEMO 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. Julia Jay		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 1038 Etherton Drive		<b>Transaction ID:</b> 2223907	
City State Zip Code Saint Louis MO 63126	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 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 1823 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 03 / 14 / 2007	
Mailing Address 222 Crescent Road		<b>Transaction ID:</b> 2223917	
City State Zip Code San Anselmo CA 94960	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 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. Sybil W. Stoller		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 1100 Rivas Canyon		<b>Transaction ID:</b> 2229491	
City State Zip Code Pacific Palisades CA 90272	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 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. Carolyn M. Isackson		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 9412 Walburg Way		<b>Transaction ID:</b> 2228944	
City State Zip Code Montgomery Village MD 20886	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 Genesis Rehab Services 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		

<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 1824 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Jan L Crean		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2007	
Mailing Address 1300 Cedar Lane M8		Transaction ID: 2229517	
City State Zip Code Tullahoma TN 37388	Amount of Each Receipt this Period 54.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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> Ms. Margaret S. Thompson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 5425 Springview Drive		Transaction ID: 2224464	
City State Zip Code Fayetteville NY 13066	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 Syracuse University 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		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Ernest P. Bicknell		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 5437 Thomas Avenue		Transaction ID: 2223037	
City State Zip Code Oakland CA 94618	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 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 1825 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 McLaine		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 5328 Eliots Oak Road		Transaction ID: 2222947	
City State Zip Code Columbia MD 21044	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 Occupation UNEMPLOYED	<b>[MEMO 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 Matthews		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address PO Box 10553		Transaction ID: 2228950	
City State Zip Code Fairbanks AK 99710	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 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. Doris May Workman		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 532 Rover Blvd.		Transaction ID: 2227733	
City State Zip Code Los Alamos NM 87544	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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 1826 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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 Lee Bretz		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address PO Box 484		<b>Transaction ID:</b> 2228870	
City State Zip Code Eastport MI 49627		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Occupation Rutgers 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. Lois Chaffee		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007	
Mailing Address 248 East 7th Street		<b>Transaction ID:</b> 2231136	
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>		Carol Shea-Porter Contributions	
Name of Employer Occupation City of New York Civil Servant		<b>[MEMO 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. Lucy R. Leidy		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 6647 E. Holly Street		<b>Transaction ID:</b> 2224143	
City State Zip Code Inverness FL 34452		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 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:	PAGE 1827 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="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 W. Mayers		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 5300 South Shore Drive, # 107		<b>Transaction ID:</b> 2229531	
City State Zip Code Chicago IL 60615	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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. Susan W. Almy		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 266 Poverty Lane, # 4B		<b>Transaction ID:</b> 2228482	
City State Zip Code Lebanon NH 03766	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter 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. Daniel Rous		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 304 W. 121st St. #8		<b>Transaction ID:</b> 2220158	
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>	Carol Shea-Porter Contributions		
Name of Employer Occupation self 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		

<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 1828 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Laurie C Collins

Mailing Address 914 Geneva Street

City State Zip Code  
Glendale CA 91207

FEC ID number of contributing federal political committee. **C**

Name of Employer State of California 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  
03 / 29 / 2007

Transaction ID: 2230792

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Anita B Barker

Mailing Address 1611 Cold Spring Rd.  
Box 636

City State Zip Code  
Williamstown MA 01267

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2007

Transaction ID: 2220420

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kathryn L Sewell

Mailing Address 1515 Baker St.

City State Zip Code  
San Francisco CA 94115

FEC ID number of contributing federal political committee. **C**

Name of Employer FibroGen Occupation Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223116

Amount of Each Receipt this Period  
250.00

Carol Shea-Porter 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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Laurie Rogen Mailing Address 6715 102nd St Apt 3K City State Zip Code Forest Hills NY 11375 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>0</td><td>3</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: 2231264 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	0		2	0	0	7														
50.00																							
Name of Employer Occupation Brookdale Hospital 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>B.</b> Full Name (Last, First, Middle Initial) Mrs. Susanna Davison Mailing Address 1301 Irving Avenue City State Zip Code Wheaton IL 60187 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>0</td><td>3</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: 2229093 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	2		2	0	0	7														
50.00																							
Name of Employer Occupation Health Dept. Nursing Manager 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. Karlyn Sugai Mailing Address 11 Landers Street City State Zip Code San Francisco CA 94114 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>0</td><td>3</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> Transaction ID: 2228605 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Carol Shea-Porter Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	0		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>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 1830 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 S. Lein

Mailing Address 2201 Third Ave.  
#2701

City State Zip Code  
Seattle WA 98121

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2007

Transaction ID: 2223121

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Gloria J. Fulcher

Mailing Address 2925 Roanoke Court

City State Zip Code  
Bakersfield CA 93306

FEC ID number of contributing 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  
03 / 21 / 2007

Transaction ID: 2228856

Amount of Each Receipt this Period  
25.00

Carol Shea-Porter 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  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 2231131

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter 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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 P. McAndrew		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 815 Devonport Lane		<b>Transaction ID:</b> 2231260	
City State Zip Code Seabrook TX 77586	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 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. Emilie Simpson		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 675 Harding Place Apt F4		<b>Transaction ID:</b> 2223157	
City State Zip Code Nashville TN 37211	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>	Carol Shea-Porter Contributions		
Name of Employer Occupation Genesco Inc Accountant Payable Clerk	<b>[MEMO 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. Martha Raak		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 220 Schenley Rd		<b>Transaction ID:</b> 2224510	
City State Zip Code Pittsburgh PA 15217	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 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 1832 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

A. Full Name (Last, First, Middle Initial) Ms. Sally R. Coughlin		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 52 Upland Road		Transaction ID: 2223954	
City Brookline	State MA	Zip Code 02445	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Carol Shea-Porter 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. Dorothy E. McFadden		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 1039 Northoak Drive		Transaction ID: 2222987	
City Walnut Creek	State CA	Zip Code 94598	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Carol Shea-Porter Contributions	
Name of Employer	Occupation REQUESTED	[MEMO ITEM] MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

C. Full Name (Last, First, Middle Initial) Ms. Burnley T. Perrin		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 520 N Street, SW Apt. S-516		Transaction ID: 2228921	
City Washington	State DC	Zip Code 20024	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Carol Shea-Porter 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 1833 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Hill Blackett, III

Mailing Address 117 Requa Road

City State Zip Code  
Piedmont CA 94611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Friedman Dumás & Springwater LLP Lawyer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 05 / 2007

Transaction ID: 2220146

Amount of Each Receipt this Period  
250.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ruth Iwano

Mailing Address 175 W 93rd Apt Apt 9E

City State Zip Code  
New York NY 10025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Disney Editor

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222877

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Meda Thefford

Mailing Address 68 South Street

City State Zip Code  
Eatontown NJ 07724

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  
03 / 15 / 2007

Transaction ID: 2224330

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter 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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Grace McIlvain

Mailing Address 5175 N Tigua Drive

City Tucson State AZ Zip Code 85704

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney/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  
03 / 13 / 2007

Transaction ID: 2222886

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Anita N. Gottlieb

Mailing Address 921 Maple Avenue

City Evanston State IL Zip Code 60202

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  
03 / 16 / 2007

Transaction ID: 2224738

Amount of Each Receipt this Period  
50.00

Carol Shea-Porter Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kathleen S Crittenden

Mailing Address 820 S. Morgan Street, # 2

City Chicago State IL Zip Code 60607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 16 / 2007

Transaction ID: 2224742

Amount of Each Receipt this Period  
100.00

Carol Shea-Porter 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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Michael Litt		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2007	
Mailing Address 92 Wheatherstone Pl.		<b>Transaction ID:</b> 2219906	
City State Zip Code Lake Oswego OR 97035		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Occupation Oregon Health & Science Univ. Prof. 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Jennifer G. Allred		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 3310 Oakwood Street		<b>Transaction ID:</b> 2224395	
City State Zip Code Salt Lake City UT 84109		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter Contributions	
Name of Employer Occupation Granite School District 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. Edward L. Hutton		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 255 E. 5th Street, Fl 26		<b>Transaction ID:</b> 2227690	
City State Zip Code Cincinnati OH 45202		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 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 1836 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Robert C. West		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 305 Nautilus Drive		Transaction ID: 2224433	
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>		Carol Shea-Porter Contributions	
Name of Employer Occupation Univ. 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		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Georgia S. Wright		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 105 Vicente Road		Transaction ID: 2224489	
City State Zip Code Berkeley CA 94705	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 Occupation Self 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. Joan Steele		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 332 Glenn Street		Transaction ID: 2220361	
City State Zip Code Ashland OR 97520	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Carol Shea-Porter 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 1837 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 03 / 28 / 2007	
Mailing Address 290 9th Avenue, Apt. 13J		<b>Transaction ID:</b> 2230558	
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>	Gabby Giffords 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. Doe Mayer		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 2545 Verbena Drive		<b>Transaction ID:</b> 2230047	
City State Zip Code Hollywood CA 90068	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions		
Name of Employer Occupation USC 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.</b> Ms. Dianne Engleke		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007	
Mailing Address 283 Silver Mt. Road		<b>Transaction ID:</b> 2231176	
City State Zip Code Millerton NY 12546	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions		
Name of Employer Occupation self-employed artist/ naturalist	<b>[MEMO 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 1838 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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 C Shanley

Mailing Address 123 Cromwell Hill Road

City State Zip Code  
Monroe NY 10950

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Library Media Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224520

Amount of Each Receipt this Period  
15.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Alan M. Solinger

Mailing Address 6895 Elverton Drive

City State Zip Code  
Oakland CA 94611

FEC ID number of contributing federal political committee. **C**

Name of Employer XOMA(US)LLD 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  
03 / 16 / 2007

Transaction ID: 2224687

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Frederick Davis

Mailing Address 1521 Golf View Road Unit B

City State Zip Code  
Madison WI 53704

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  
03 / 14 / 2007

Transaction ID: 2223875

Amount of Each Receipt this Period  
100.00

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 1839 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ina M Ayliffe		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2007	
Mailing Address 15905 Bent Tree Forest Cr. 1025		<b>Transaction ID:</b> 2220141	
City State Zip Code Dallas TX 75248		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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. Anita Strauss		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address 7887 Revelle Drive		<b>Transaction ID:</b> 2224268	
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>		Gabby Giffords Contributions	
Name of Employer Occupation S.D. Mental Health Association 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) Dr. Rosalie E. Green		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 109 Kent Drive		<b>Transaction ID:</b> 2222962	
City State Zip Code Manassas VA 20111		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Occupation Self Reading 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) ..... ▶	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 1840 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Margaret R. Miller		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 6938 Reynolds Street		<b>Transaction ID:</b> 2228486	
City State Zip Code Pittsburgh PA 15208	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Miriam Greenblatt		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 2754 Roslyn Lane		<b>Transaction ID:</b> 2224683	
City State Zip Code Highland Park IL 60035	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Writer	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Donna M Hefley		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 771 N Promontory Dr		<b>Transaction ID:</b> 2230034	
City State Zip Code Tucson AZ 85748	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Dev Analyst	<b>[MEMO ITEM]</b> MEMO	
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 1841 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Melissa J. Anderson		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 1581 Laraway Lake Drive SE		<b>Transaction ID:</b> 2228923
City State Zip Code Grand Rapids MI 49546	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer IRN Inc	Occupation Business Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Betty R. Sweren		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 77 Seminary Farm Road		<b>Transaction ID:</b> 2230751
City State Zip Code Timonium MD 21093	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Self	Occupation Artist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Jill P. Sengel		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 2748 Fort Myer Avenue		<b>Transaction ID:</b> 2229555
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>		Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Self	Occupation Artist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Janice Kinnaman

Mailing Address 1213 Columbus Circle

City State Zip Code  
Janesville WI 53545

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  
03 / 14 / 2007

Transaction ID: 2223876

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jane Gregozek

Mailing Address 766 Privet Ct

City State Zip Code  
Sunnyvale CA 94086

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 07 / 2007

Transaction ID: 2220335

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Walter Limbach

Mailing Address 123 Beechmont Road

City State Zip Code  
Pittsburgh PA 15206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2227686

Amount of Each Receipt this Period  
100.00

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 1843 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. Nancy L Weiss

Mailing Address 75 Richare Eger Drive

City Holyoke State MA Zip Code 01040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 15 / 2007

Transaction ID: 2224308

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Connie L Cooper

Mailing Address 38617 N 25th Lane

City Desert Hills State AZ Zip Code 85086

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 10 / 2007

Transaction ID: 2220461

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth T. Ruskauff

Mailing Address 1221 Minor Avenue, Apt. 402

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  
03 / 21 / 2007

Transaction ID: 2228898

Amount of Each Receipt this Period  
25.00

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 1844 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Betty W. Robinett		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 1936 Park Forest Avenue		<b>Transaction ID:</b> 2222827	
City State Zip Code State College PA 16803		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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. Peter D. Mensch		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 267 West 11th Street		<b>Transaction ID:</b> 2224640	
City State Zip Code New York NY 10014		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Occupation Q Prime Inc. Personal 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. Ilene P. Jagatramcharan		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 15500 SE 80th Avenue		<b>Transaction ID:</b> 2224707	
City State Zip Code Summerfield FL 34491		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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 1845 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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. Virgil E Vickers

Mailing Address 70 Windermere Road

City State Zip Code  
Auburndale MA 02466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 14 / 2007

Transaction ID: 2224080

Amount of Each Receipt this Period  
175.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Joyce C. Bradley

Mailing Address 2661 Tallant Rd Apt M602

City State Zip Code  
Santa Barbara CA 93105

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  
03 / 21 / 2007

Transaction ID: 2228945

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas Tay

Mailing Address 1524 Wandering Way

City State Zip Code  
Harrisburg PA 17110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 13 / 2007

Transaction ID: 2222836

Amount of Each Receipt this Period  
50.00

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 1846 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Joyce Edward

Mailing Address 102 Bellhaven Road

City State Zip Code  
Bellport NY 11713

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Social Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2007

Transaction ID: 2224329

Amount of Each Receipt this Period  
250.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Emily R. Hart

Mailing Address 1549 Markham

City State Zip Code  
Fayetteville AR 72701

FEC ID number of contributing federal political committee. **C**

Name of Employer Snell Pros & Orth Lab Occupation Receptionist/Office 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  
03 / 28 / 2007

Transaction ID: 2230466

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222776

Amount of Each Receipt this Period  
50.00

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 1847 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input 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. Nora Lee Fryxell		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 7010 45th Street Court NW		<b>Transaction ID:</b> 2227772
City State Zip Code Gig Harbor WA 98335	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Gabby Giffords 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. Leslie Leighninger		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 1530 W. Lewis Avenue		<b>Transaction ID:</b> 2224133
City State Zip Code Phoenix AZ 85007	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions	
Name of Employer Occupation LA State U Professor/Social Work	<b>[MEMO 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. Emma M Rosow		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 122 Green Way		<b>Transaction ID:</b> 2230833
City State Zip Code Wayland MA 01778	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Gabby Giffords 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 1848 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Jacqueline J. Goldberg

Mailing Address 718 Ridge Avenue

City State Zip Code  
Evanston IL 60202

FEC ID number of contributing federal political committee. **C**

Name of Employer Self 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  
03 / 21 / 2007

Transaction ID: 2228954

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Beverly S Terry

Mailing Address 2625 E Southern Ave. C-121

City State Zip Code  
Tempe AZ 85282

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224647

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Rudolph Hurwich

Mailing Address 2608 Ninth Street

City State Zip Code  
Berkeley CA 94710

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Mgmt Counselor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229085

Amount of Each Receipt this Period  
250.00

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 1849 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Pamela J Wilson

Mailing Address 15306 Tamaron Valley

City State Zip Code  
San Antonio TX 78253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
USAA Business Architect

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2007

Transaction ID: 2222076

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jennifer Percy

Mailing Address 4 Chase Street # 2

City State Zip Code  
Salem MA 01970

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Cornell Orthotics & Prosthetics Orthotic Technician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 2228640

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert E Leonard

Mailing Address 2608 Cascade Dr

City State Zip Code  
Austin TX 78757

FEC ID number of contributing 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  
03 / 16 / 2007

Transaction ID: 2227598

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 0.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. Richard T. Snodgrass

Mailing Address 701 E Camino Alberca

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  
M M / D D / Y Y Y Y  
03 / 05 / 2007

Transaction ID: 2220175

Amount of Each Receipt this Period  
20.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marjorie Stotsky

Mailing Address 2600 E. Skyline Drive Unit 13

City State Zip Code  
Tucson AZ 85718

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  
03 / 13 / 2007

Transaction ID: 2223048

Amount of Each Receipt this Period  
30.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steve Walton

Mailing Address 195 Spuraway Dr

City State Zip Code  
San Mateo CA 94403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
InfoLore Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2007

Transaction ID: 2230865

Amount of Each Receipt this Period  
50.00

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 1851 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Jacqueline Bergen

Mailing Address 70 W. Burton Place

City State Zip Code  
Chicago IL 60610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2007

Transaction ID: 2224729

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Diana Granger

Mailing Address 12170 Leeds Chapel Lane

City State Zip Code  
Markham VA 22643

FEC ID number of contributing 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  
03 / 20 / 2007

Transaction ID: 2228494

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Susan Schindler

Mailing Address 70 E. 10th Street, Apt. 17T

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  
MM / DD / YYYY  
03 / 16 / 2007

Transaction ID: 2227572

Amount of Each Receipt this Period  
50.00

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 1852 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Effie E. Westervelt		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 26 Southridge East		<b>Transaction ID:</b> 2224231
City State Zip Code Tiburon CA 94920	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. Douglas Danforth		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 7 Riverwoods Drive # C209		<b>Transaction ID:</b> 2230549
City State Zip Code Exeter NH 03833	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions	
Name of Employer Occupation REQUESTED Librarian	<b>[MEMO 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. Frances D. Ackerly		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 26 Parker Street		<b>Transaction ID:</b> 2229514
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>	Gabby Giffords 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 1853 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Quarrier B. Cook		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 1085 Camino Manana		<b>Transaction ID:</b> 2228184	
City State Zip Code Santa Fe NM 87501	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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> Mr. Kenneth Jaffee		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 2596 Village Drive		<b>Transaction ID:</b> 2228557	
City State Zip Code Union City CA 94587	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. Raymond Fields		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 6944 Viale Elizabeth		<b>Transaction ID:</b> 2227678	
City State Zip Code Delray Beach FL 33446	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sally M. Ehlers

Mailing Address 720 Bachelor Avenue

City State Zip Code  
Mendota Hts. MN 55118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2227674

Amount of Each Receipt this Period  
250.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marian Stankovich

Mailing Address 1088 23rd St. SE

City State Zip Code  
Minneapolis MN 55414

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Minnesota Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2223962

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Selene Levine

Mailing Address 720 Milton Road

City State Zip Code  
Rye NY 10580

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  
03 / 28 / 2007

Transaction ID: 2230502

Amount of Each Receipt this Period  
18.00

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 1855 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Robert Tartell Mailing Address 690 Hawthorne Street City State Zip Code West Hempstead NY 11552 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007 <b>Transaction ID: 2224326</b> Amount of Each Receipt this Period 25.00 Gabby Giffords 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) Mr. Edward L. Hutton Mailing Address 255 E. 5th Street, Fl 26 City State Zip Code Cincinnati OH 45202 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2227692</b> Amount of Each Receipt this Period 100.00 Gabby Giffords 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>C.</b> Full Name (Last, First, Middle Initial) Mr. Charles H Christensen Mailing Address 69 High Road City State Zip Code Newbury MA 01951 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2224482</b> Amount of Each Receipt this Period 25.00 Gabby Giffords 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 1856 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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 Wilson

Mailing Address 1210 Petree Street,# 251

City State Zip Code  
El Cajon CA 92020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222908

Amount of Each Receipt this Period  
10.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Nancy L Ashton

Mailing Address 108 Briarcliff Ct

City State Zip Code  
Haddonfield NJ 08033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
R. Stockton College college 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  
03 / 28 / 2007

Transaction ID: 2230444

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Masao Yafuso

Mailing Address 25312 Cheyenne Way

City State Zip Code  
Lake Forest CA 92630

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 07 / 2007

Transaction ID: 2220346

Amount of Each Receipt this Period  
20.00

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 1857 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 Klouda

Mailing Address 1210 52nd Street Drive

City Moline State IL Zip Code 61265

FEC ID number of contributing federal political committee. **C**

Name of Employer Mel Fonter Co Occupation Realtor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2007

Transaction ID: 2224163

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susan W. Almy

Mailing Address 266 Poverty Lane, # 4B

City Lebanon State NH Zip Code 03766

FEC ID number of contributing 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  
03 / 20 / 2007

Transaction ID: 2228481

Amount of Each Receipt this Period  
250.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert W Holdenvenzon

Mailing Address 6722 Mewall Drive

City San Diego State CA Zip Code 92119

FEC ID number of contributing 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  
03 / 13 / 2007

Transaction ID: 2222997

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 1858 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Laurie Rogen Mailing Address 6715 102nd St Apt 3K City State Zip Code Forest Hills NY 11375 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>0</td><td>3</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: 2231263 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	0		2	0	0	7														
50.00																							
Name of Employer Occupation Brookdale Hospital 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Marlene Sanders Toobin Mailing Address 670 West End Avenue #14A City State Zip Code New York NY 10025 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>0</td><td>3</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2228888 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	1		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	1		2	0	0	7														
100.00																							
Name of Employer Occupation NYU 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>C.</b> Full Name (Last, First, Middle Initial) Ms. Margaret M. Podlich Mailing Address 2645 E Southern Ave Apt A226 City State Zip Code Tempe AZ 85282 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>0</td><td>3</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> Transaction ID: 2228608 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	0		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>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 1859 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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> Mr. Edward D. Pillar		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 668 Rochdale Circle		<b>Transaction ID:</b> 2223893
City State Zip Code Lombard IL 60148	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Elwood Public Schls	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. Patricia Swedlow		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 1353 Shady Avenue		<b>Transaction ID:</b> 2222811
City State Zip Code Pittsburgh PA 15217	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Susan S. Collier		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 7330 Selden Roa		<b>Transaction ID:</b> 2229123
City State Zip Code Le Roy NY 14482	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Eastman Kodak	Occupation Chemist	
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 1860 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 E. Manning		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 7363 Swan Point Way		<b>Transaction ID:</b> 2222966	
City State Zip Code Columbia MD 21045	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Library of Congress	Occupation Librarian	<b>[MEMO 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. Susan Addeleston		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 66 Merion Lane		<b>Transaction ID:</b> 2223973	
City State Zip Code Jackson NJ 08527	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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. Susan Segal		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 74 Locust Lane		<b>Transaction ID:</b> 2231251	
City State Zip Code Eatons Neck NY 11768	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Jericho UFSD	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 1861 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 Strickland

Mailing Address 245 W. Juanita Avenue

City State Zip Code  
Gilbert AZ 85233

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  
03 / 22 / 2007

Transaction ID: 2229185

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Sharon Schmidt

Mailing Address 1509 Sandcastle Drive

City State Zip Code  
Corona Del Mar CA 92625

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  
03 / 16 / 2007

Transaction ID: 2224762

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Angela Elliston

Mailing Address 656 Sunset Lane

City State Zip Code  
East Lansing MI 48823

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2227644

Amount of Each Receipt this Period  
25.00

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 1862 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Barbara D. Larsen

Mailing Address 7415 Pyramid Place

City State Zip Code  
Los Angeles CA 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  
03 / 14 / 2007

Transaction ID: 2224043

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Laura House

Mailing Address 1507 Farm To Market Rd

City State Zip Code  
Endwell NY 13760

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 2228628

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joy Rose

Mailing Address 414 S. Olive Street

City State Zip Code  
Media PA 19063

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2227675

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 0.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Moyer

Mailing Address 6519 Sunnyland Lane

City State Zip Code  
Dallas TX 75214

FEC ID number of contributing 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  
03 / 16 / 2007

**Transaction ID:** 2227659

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Victoria E. Watkins

Mailing Address 244 Madison Avenue, # 14E

City State Zip Code  
New York NY 10016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PIRA Energy Group Energy Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2007

**Transaction ID:** 2222865

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Mary Besore

Mailing Address 2705 Stampede Court

City State Zip Code  
Rocklin CA 95765

FEC ID number of contributing 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  
03 / 13 / 2007

**Transaction ID:** 2223124

Amount of Each Receipt this Period  
50.00

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 1864 / 2428
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Lieselotte N. Betterman

Mailing Address 1506 Willow Lane

City State Zip Code  
Mt. Prospect IL 60056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2223933

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sarah B. Glickenhaus

Mailing Address 100 Dorchester Road

City State Zip Code  
Scarsdale NY 10583

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Speech and Hearing Therapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2224076

Amount of Each Receipt this Period  
250.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ralph Bristol

Mailing Address 643 W. Camino Corto

City State Zip Code  
Green Valley AZ 85614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 2228529

Amount of Each Receipt this Period  
50.00

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 1865 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Jane C. Walton

Mailing Address 1564 Alki Avenue SW # 305

City State Zip Code  
Seattle WA 98116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

Transaction ID: 2224596

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert L. Piper

Mailing Address 76 Hillman Street

City State Zip Code  
New Bedford MA 02740

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 21 / 2007

Transaction ID: 2228863

Amount of Each Receipt this Period  
250.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Sandra M Lynch

Mailing Address 7602 N 22nd Place

City State Zip Code  
Phoenix AZ 85020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 19 / 2007

Transaction ID: 2227874

Amount of Each Receipt this Period  
100.00

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 1866 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Seeds		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 13801 La Paloma Road		Transaction ID: 2230488	
City State Zip Code Los Altos CA 94022	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords 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. Full Name (Last, First, Middle Initial) Dr. Halene L. Graves		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 10 West Ridge Lane		Transaction ID: 2230033	
City State Zip Code Sheridan WY 82801	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords 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		

C. Full Name (Last, First, Middle Initial) Ms. Barbara Herzberg		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 713 N. Palm Drive		Transaction ID: 2224447	
City State Zip Code Beverly Hills CA 90210	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords 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		

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 1867 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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. Patrick M. Crowley

Mailing Address 7470 Woolston Road

City State Zip Code  
Bloomfield NY 14469

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  
03 / 23 / 2007

Transaction ID: 2229615

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. George Czeczyk

Mailing Address 15030 W Redfield Road

City State Zip Code  
Surprise AZ 85379

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  
03 / 16 / 2007

Transaction ID: 2227767

Amount of Each Receipt this Period  
20.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Kathleen Visovatti

Mailing Address 731 Watersedge Dr

City State Zip Code  
Ann Arbor MI 48105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222833

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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 Reed		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 1503 Harbor View		<b>Transaction ID:</b> 2223138
City State Zip Code Austin TX 78746	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Self Occupation Attorney	Aggregate Year-to-Date ▼ 0.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Janice M. Victor		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 24 Magnolia Lane		<b>Transaction ID:</b> 2223016
City State Zip Code Caldwell NJ 07006	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Self Occupation psychoanalyst	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. Vicki Boxer-Samson		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 42108 N 101st Way		<b>Transaction ID:</b> 2223873
City State Zip Code Scottsdale AZ 85262	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Homemaker/School Board Member	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 1869 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sylvia Wendell

Mailing Address 24 Clifford Rd

City Albany State NY Zip Code 12204

FEC ID number of contributing federal political committee. **C**

Name of Employer NYS Occupation Accountant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2007

Transaction ID: 2224305

Amount of Each Receipt this Period  
15.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Lucille Celia Behrens

Mailing Address 63 South Lilburn Drive

City Garnerville State NY Zip Code 10923

FEC ID number of contributing 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  
03 / 23 / 2007

Transaction ID: 2230093

Amount of Each Receipt this Period  
10.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Suzanne H. Howell

Mailing Address 7745 Clarks Chapel Road

City Athens State OH Zip Code 45701

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  
03 / 13 / 2007

Transaction ID: 2222873

Amount of Each Receipt this Period  
100.00

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 1870 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Elinor Green Hunter

Mailing Address 4205 Military Road NW

City State Zip Code  
Washington DC 20015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 13 / 2007

Transaction ID: 2222900

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[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  
03 / 22 / 2007

Transaction ID: 2229145

Amount of Each Receipt this Period  
200.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Donald R. Epstein

Mailing Address 625 N. Palm Drive

City State Zip Code  
Beverly Hills CA 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

Transaction ID: 2227665

Amount of Each Receipt this Period  
250.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 0.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Afton E. Crooks

Mailing Address 6232 Manoa Street

City State Zip Code  
Oakland CA 94618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222991

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary Barber Holmes

Mailing Address 1062 Old Graham Road

City State Zip Code  
Pittsboro NC 27312

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  
03 / 14 / 2007

Transaction ID: 2224095

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Helen Volk

Mailing Address 6201 Rutland Drive

City State Zip Code  
Carmichael CA 95608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Cal. Fed. Bank Real Estate Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222903

Amount of Each Receipt this Period  
25.00

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 1872 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Odessa Morris

Mailing Address 237 16th Street SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 13 / 2007

Transaction ID: 2222951

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mary Beth B. Norton

Mailing Address 159 Remington Road

City Ithaca State NY Zip Code 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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2007

Transaction ID: 2230645

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Timmer

Mailing Address 420 E 104th Street

City Minneapolis State MN Zip Code 55420

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  
03 / 23 / 2007

Transaction ID: 2229389

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Laurose Richter		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 620 Sand Hill Road Apartment 206C		<b>Transaction ID:</b> 2228602
City Palo Alto State CA Zip Code 94304	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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. Carole Cotham-Machala		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 613 Flagler Road		<b>Transaction ID:</b> 2223871
City Fort Collins State CO Zip Code 80525	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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>C.</b> Full Name (Last, First, Middle Initial) Mr. David Saltonstall		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 235 E. 22nd Street, Apt. 4K		<b>Transaction ID:</b> 2222762
City New York State NY Zip Code 10010	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Sefl	Occupation Consultant	
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 1874 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 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  
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  
03 / 15 / 2007

Transaction ID: 2224266

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Eleanor Schuker

Mailing Address 150 W. End Avenue Apt. 26F

City State Zip Code  
New York NY 10023

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Self M.D.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2007

Transaction ID: 2229601

Amount of Each Receipt this Period  
20.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Frances G Pepper

Mailing Address 233 Oliver Road

City State Zip Code  
Cincinnati OH 45215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2007

Transaction ID: 2229565

Amount of Each Receipt this Period  
100.00

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 1875 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Grissim

Mailing Address 78-7030 Alii Drive Apt. 301

City State Zip Code  
Kailua Kona HI 96740

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
State of HI Teacher

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2007

Transaction ID: 2228051

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Dorothy Weinstein

Mailing Address 2818 N 46 Avenue  
K - 492

City State Zip Code  
Hollywood FL 33021

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  
03 / 19 / 2007

Transaction ID: 2228106

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. G. Truxton Ringe

Mailing Address 2020 Cardinal Lane SE

City State Zip Code  
Olympia WA 98503

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  
03 / 13 / 2007

Transaction ID: 2222895

Amount of Each Receipt this Period  
100.00

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 1876 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Pringle

Mailing Address 2327 E. First Street

City Tucson State AZ Zip Code 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  
03 / 07 / 2007

Transaction ID: 2220326

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nancy L. Yeager

Mailing Address 1190 W Camino Sagasta

City Green Valley State AZ Zip Code 85614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 13 / 2007

Transaction ID: 2222977

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Patricia F. Shanks

Mailing Address 783 Contra Costa Avenue

City Berkeley State CA Zip Code 94707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 16 / 2007

Transaction ID: 2224539

Amount of Each Receipt this Period  
100.00

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 1877 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Laura S Murra

Mailing Address 2325 Oak Street  
National Clearinghouse on Mari

City Berkeley 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  
03 / 05 / 2007

Transaction ID: 2220174

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Quentin Dixon

Mailing Address 6 Ayer Road

City Acton State MA Zip Code 01720

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  
03 / 29 / 2007

Transaction ID: 2230735

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara T. Schmidt

Mailing Address 4339 Center Oak Woods St

City San Antonio State TX Zip Code 78249

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  
03 / 16 / 2007

Transaction ID: 2227758

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Kathryn H Fishman

Mailing Address 2316 Clover Lane

City Northfield State IL Zip Code 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer North Shore Youth Health Services  
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
0	3	/	0	5	/	2	0	0	7

Transaction ID: 2220167

Amount of Each Receipt this Period  

50.00
-------

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lisa Berg

Mailing Address 1470 Wentworth Ave

City Sacramento State CA Zip Code 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 ▼ 0.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	0	7

Transaction ID: 2228899

Amount of Each Receipt this Period  

50.00
-------

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nancy Chafin

Mailing Address 5773 N Commercial Ave

City Portland State OR Zip Code 97217

FEC ID number of contributing federal political committee. **C**

Name of Employer King & Spalding  
Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	0	7

Transaction ID: 2229579

Amount of Each Receipt this Period  

50.00
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Gabby Giffords 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 1879 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 Triebel		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 2829 Nottingham		<b>Transaction ID:</b> 2227813	
City State Zip Code Houston TX 77005	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer Shell 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		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Linda G. Keetch		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007	
Mailing Address 146 Paddock Avenue		<b>Transaction ID:</b> 2223877	
City State Zip Code Pismo Beach CA 93449	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer Lucia Mar School District Occupation High School 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. Marleigh Fletcher		Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2007	
Mailing Address 785 E. Courtney Lane		<b>Transaction ID:</b> 2220248	
City State Zip Code Tempe AZ 85284	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer Intel Corporation Occupation 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>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 1880 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Dana L. Thompson

Mailing Address 23060 Evergreen Lane

City State Zip Code  
Los Gatos CA 95033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223067

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Philip Krevitsky

Mailing Address 56 Roger Drive

City State Zip Code  
Port Washington NY 11050

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ernst and Young CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2007

Transaction ID: 2228990

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nancy J. Regnier

Mailing Address 8 Baylor Drive

City State Zip Code  
Longmont CO 80503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Colorado Research Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2223841

Amount of Each Receipt this Period  
250.00

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 1881 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Vaughan

Mailing Address 1178 Reas Ford Rd

City State Zip Code  
Earlsville VA 22936

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 13 / 2007

Transaction ID: 2222972

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mona Lena Krook

Mailing Address 5535 Waterman Blvd Apt. 3N

City State Zip Code  
Saint Louis MO 63112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Columbia University graduate student

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2224029

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Margaret Bowman

Mailing Address 1448 Sunshade Lane

City State Zip Code  
San Jose CA 95122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223063

Amount of Each Receipt this Period  
25.00

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 1882 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dolores Kaufmann		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 5533 Tiger Road		<b>Transaction ID:</b> 2224158	
City Edwardsville	State IL	Zip Code 62025	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Gabby Giffords 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. Kathy Jarrett		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 5511 Golden Gate Avenue		<b>Transaction ID:</b> 2224770	
City Oakland	State CA	Zip Code 94618	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		Gabby Giffords 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>[MEMO ITEM]</b> MEMO	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Bonnie Heidinger		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 225 Lamb Rd		<b>Transaction ID:</b> 2229109	
City Carbondale	State IL	Zip Code 62902	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Gabby Giffords Contributions	
Name of Employer Anna-Jonesboro High School	Occupation teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		
		<b>[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 1883 / 2428
	<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. Kristell Wade

Mailing Address 79299 Wade Gulch Ln

City State Zip Code  
Lostine OR 97857

FEC ID number of contributing federal political committee. **C**

Name of Employer Wallowa Memorial Hospital  
Occupation Nurse anesthetist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229154

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Edith R Lauderdale

Mailing Address 55 Nonquitt Ave  
PO Box P-244

City State Zip Code  
So Dartmouth MA 02748

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2224006

Amount of Each Receipt this Period  
250.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Ruth M Wright

Mailing Address 1440 High Street

City State Zip Code  
Boulder CO 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  
03 / 15 / 2007

Transaction ID: 2224805

Amount of Each Receipt this Period  
100.00

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 1884 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Josephine Rawlings		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 2238 2nd Street		<b>Transaction ID:</b> 2227623	
City State Zip Code Wyandotte MI 48192	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions		
Name of Employer Occupation Ford Motor Registered Nurse	<b>[MEMO ITEM]</b> MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Bamboo E.L. Solzman		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 5455 S Hyde Park Blvd		<b>Transaction ID:</b> 2229419	
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>	Gabby Giffords 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. Joyce Mitchell Price		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 29 Placitas Trails Road		<b>Transaction ID:</b> 2231284	
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>	Gabby Giffords Contributions		
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		

<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 1885 / 2428
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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

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Alice Wallace		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 80 Borica Street		<b>Transaction ID:</b> 2223938	
City State Zip Code San Francisco CA 94127	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords 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> Mr. Lawrence E. Crooks		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 5439 Sacramento Avenue		<b>Transaction ID:</b> 2227615	
City State Zip Code Richmond CA 94804	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer Occupation Self Electrical 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> Ms. Tina Kroot-Jeffkroot		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 222 Crescent Road		<b>Transaction ID:</b> 2223918	
City State Zip Code San Anselmo CA 94960	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer Occupation Self 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) ..... ▶	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 1886 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Dorothy Dodge		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 16 Del Mesa Carmel		<b>Transaction ID:</b> 2222853	
City State Zip Code Carmel CA 93923	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer Occupation Monterey County Herald 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>B.</b> Mr. Ernest P. Bicknell		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 5437 Thomas Avenue		<b>Transaction ID:</b> 2223038	
City State Zip Code Oakland CA 94618	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords 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. Sally Mock		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1433 Glenbrook Drive		<b>Transaction ID:</b> 2224422	
City State Zip Code Oklahoma City OK 73118	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer Occupation McAfee & Taft 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 1887 / 2428
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	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 R. Bayus		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 117 Requa Road		<b>Transaction ID:</b> 2220144
City State Zip Code Piedmont CA 94611	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions	
Name of Employer Occupation Orrick, Herrington & Sutcliffe LLP 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>B.</b> Mr. Jacques Rondeau		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 2055 Park Road NW		<b>Transaction ID:</b> 2224353
City State Zip Code Washington DC 20010	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions	
Name of Employer Occupation Rosemount Center Chief Operating 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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Jennifer L. Sanford		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 802 H Gallop Hill Rd		<b>Transaction ID:</b> 2229659
City State Zip Code Gaithersburg MD 20879	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions	
Name of Employer Occupation n/a Student	<b>[MEMO 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 1888 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Doris Jasinski		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 2215 73rd Street E. Lot 15		<b>Transaction ID:</b> 2227754
City State Zip Code Palmetto FL 34221	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. Frances A. Meador		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 800 Lake Port Blvd Apt C502		<b>Transaction ID:</b> 2230016
City State Zip Code Leesburg FL 34748	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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) Ms. Venetia Holland		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 526 Alleghey Avenue		<b>Transaction ID:</b> 2222936
City State Zip Code Baltimore MD 21204	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions	
Name of Employer Occupation Coldwell Banker Realtor	<b>[MEMO 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 1889 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Joanna D. Chamberlain		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 525 E Wesleyan Drive		<b>Transaction ID:</b> 2228518	
City State Zip Code Tempe AZ 85282	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions		
Name of Employer Occupation Mesa Comm College 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		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sharon Taylor		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 524 Park Avenue		<b>Transaction ID:</b> 2229529	
City State Zip Code Lock Haven PA 17745	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions		
Name of Employer Occupation Lock Haven University Director of Athletics	<b>[MEMO 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. Sally H. Mitchell		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 1400 Newcastle Street		<b>Transaction ID:</b> 2228016	
City State Zip Code Beaufort SC 29902	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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 1890 / 2428
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 Raak Mailing Address 220 Schenley Rd City Pittsburgh State PA Zip Code 15217 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2224512</b> Amount of Each Receipt this Period 25.00 Gabby Giffords 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. Anne P. McAndrew Mailing Address 815 Devonport Lane City Seabrook State TX Zip Code 77586 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007 <b>Transaction ID: 2231261</b> Amount of Each Receipt this Period 25.00 Gabby Giffords 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>C.</b> Full Name (Last, First, Middle Initial) Mr. Hill Blackett, III Mailing Address 117 Requa Road City Piedmont State CA Zip Code 94611 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007 <b>Transaction ID: 2220148</b> Amount of Each Receipt this Period 250.00 Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Friedman Dumás & Springwater LLP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Lawyer 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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Grace McIlvain Mailing Address 5175 N Tigua Drive City Tucson State AZ Zip Code 85704 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>0</td><td>3</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: 2222887 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	3		2	0	0	7														
100.00																							
Name of Employer Self Occupation Attorney/Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Mary W. Greenwald Mailing Address 10577 Drexton Place City Newburgh State IN Zip Code 47630 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>0</td><td>3</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> Transaction ID: 2228614 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	0		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) Ms. Joanna F. Nelson Mailing Address 5139 Englewood Drive City San Jose State CA Zip Code 95129 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>0</td><td>3</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2228942 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	1		2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	1		2	0	0	7														
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 ▼ <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 1892 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Claire Barnett		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 22 5th Avenue		Transaction ID: 2231285
City State Zip Code Saratoga Springs NY 12866	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Healthy Schools Network	Occupation Executive Director	
Receipt For: <input 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. Jane L. Ruehle		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 14000 E. Progress Way		Transaction ID: 2224607
City State Zip Code Aurora CO 80015	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Calvin Stempel		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 14203 SW 66th Street Apt. 107B		Transaction ID: 2223948
City State Zip Code Miami FL 33183	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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) ..... ▶	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 1893 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Betty Becker		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 101-A Cherry Street		<b>Transaction ID:</b> 2229158	
City State Zip Code Black Mountain NC 28711	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. Janet Horan		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 2161 E Arabian Dr		<b>Transaction ID:</b> 2228519	
City State Zip Code Gilbert AZ 85296	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. Ann Wansley		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 51 Chula Lane		<b>Transaction ID:</b> 2229407	
City State Zip Code San Francisco CA 94114	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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 1894 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. Adair Waldenberg</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2007
Mailing Address 838 Camden Lane		Transaction ID: 2228541
City Northfield	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Northwestern University	Occupation Academic Adminstrator	Gabby Giffords Contributi- ons
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>B. Mr. David J Pasta</b>		Date of Receipt MM / DD / YYYY 03 / 25 / 2007
Mailing Address 2970 South Court		Transaction ID: 2229627
City Palo Alto	State CA	Zip Code 94306
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer OVATION RESEARCH GROUP	Occupation STATISTICIAN	Gabby Giffords Contributi- ons
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C. Mrs. Dorothy G. Givens</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2007
Mailing Address 849 Cascade Drive		Transaction ID: 2223117
City Sunnyvale	State CA	Zip Code 94087
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation REQUESTED	Gabby Giffords Contributi- ons
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

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	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Miss Leila E. Tolleson

Mailing Address 11613 SE 7th Street, Apt. 236

City State Zip Code  
Vancouver WA 98683

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2007

Transaction ID: 2224317

Amount of Each Receipt this Period  
5.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary E Kelman

Mailing Address 1500 Sawyer Ave

City State Zip Code  
Manasquan NJ 08736

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2007

Transaction ID: 2220132

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Cedric Bainton

Mailing Address 50 Ventura Ave

City State Zip Code  
San Francisco CA 94116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UCSF Med Ctr physician-retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2007

Transaction ID: 2220178

Amount of Each Receipt this Period  
50.00

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 1896 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. Terry Maul

Mailing Address 6155 Bluffwood Drive

City State Zip Code  
Riverside CA 92506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
35 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  
03 / 13 / 2007

Transaction ID: 2223075

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Claudia Bartelt

Mailing Address PO Box 8

City State Zip Code  
Moss Landing CA 95039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 13 / 2007

Transaction ID: 2223064

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Patricia T. Johnson

Mailing Address 5 W. Oak Street

City State Zip Code  
Ramsey NJ 07446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Park Ridge Boe 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 Y  
03 / 20 / 2007

Transaction ID: 2228634

Amount of Each Receipt this Period  
50.00

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 1897 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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 L Carter

Mailing Address 109 Smithfield Drive

City State Zip Code  
Endicott NY 13760

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Town of Vestal, NY library clerk

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2007

Transaction ID: 2224825

Amount of Each Receipt this Period  
20.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Luana S. Miller

Mailing Address 142 Maywood Way

City State Zip Code  
San Rafael CA 94901

FEC ID number of contributing 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  
03 / 22 / 2007

Transaction ID: 2229447

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ronald Regal

Mailing Address 2129 Sussex

City State Zip Code  
Duluth MN 55803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of MN Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2007

Transaction ID: 2228058

Amount of Each Receipt this Period  
100.00

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 1898 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Diane D. Grunes		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2007	
Mailing Address 237 Trevethan Avenue		<b>Transaction ID:</b> 2229423	
City State Zip Code Santa Cruz CA 95062	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer self Occupation community volunteer	<b>[MEMO 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. Marjorie Ensminger		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address 495 Village Drive		<b>Transaction ID:</b> 2229358	
City State Zip Code Bethlehem PA 18018	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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. Anne Meredith Smoke		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 2122 Massachusetts Avenue NW Apt 227		<b>Transaction ID:</b> 2224671	
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>		Gabby Giffords 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 1899 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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. Barbara Lyons</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 88 Central Park West		<b>Transaction ID: 2223175</b>
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions	
Name of Employer Harry Abrams Inc 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>B. Ms. Deborah B. Friend</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2007
Mailing Address 3 Crystal Lane		<b>Transaction ID: 2224782</b>
City State Zip Code Newton NH 03858	Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions	
Name of Employer UBS Financial Services Inc. Occupation Investment Associate	<b>[MEMO 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. Virginia M. Rancont</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 2121 Cameron Circle		<b>Transaction ID: 2224167</b>
City State Zip Code Birmingham AL 35242	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Gabby Giffords 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 1900 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Roberta K. Potsic		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2007	
Mailing Address 1057 Beaumont Road		<b>Transaction ID:</b> 2229503	
City State Zip Code Berwyn PA 19312	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Del. County Comm. College	Occupation Career Counselor		
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) Mrs. Carroll A. Thomas		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 115 La Senda Road		<b>Transaction ID:</b> 2229173	
City State Zip Code Los Alamos NM 87544	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
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 ▼ 0.00		
		<b>[MEMO ITEM]</b> MEMO	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Edith Sobel		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 14108 N. Biltmore Drive		<b>Transaction ID:</b> 2230086	
City State Zip Code Tucson AZ 85755	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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>[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 1901 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Anne Alexander Mailing Address 2105 Schulle City Austin State TX Zip Code 78703 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007 <b>Transaction ID: 2229526</b> Amount of Each Receipt this Period 100.00 Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer: Medical Arts Internal Medicine Occupation: 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) Mrs. Elizabeth D Fisk Mailing Address 770 Boylston Street, # 16G City Boston State MA Zip Code 02199 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007 <b>Transaction ID: 2220230</b> Amount of Each Receipt this Period 100.00 Gabby Giffords 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) Mrs. Charlotte Lowrey Mailing Address 4838 Oscar Court City Fremont State CA Zip Code 94538 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007 <b>Transaction ID: 2228913</b> Amount of Each Receipt this Period 50.00 Gabby Giffords 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: (check only one)	PAGE 1902 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 Starr		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 48 Wardell Road		<b>Transaction ID:</b> 2224678	
City State Zip Code Livingston NJ 07039	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords 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. Sadie W. Taylor		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 115 Kendal Drive		<b>Transaction ID:</b> 2223196	
City State Zip Code Oberlin OH 44074	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer Occupation Retired chem. prof	<b>[MEMO 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 C. Singer		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 1 Charles St. Apt. 3B		<b>Transaction ID:</b> 2227717	
City State Zip Code Boston MA 02116	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer Occupation Volunteer	<b>[MEMO 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 1903 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Lee M. Cali		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 2102 S. Elk Circle		<b>Transaction ID:</b> 2228516	
City State Zip Code Cottonwood AZ 86326		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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. Patricia M. Dodd		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 4741 Shoremeade Rd.		<b>Transaction ID:</b> 2229075	
City State Zip Code Richmond VA 23234		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Occupation Self Dance 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. Janice E. Rodgers		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 2100 N. Lincoln Park West #12CN		<b>Transaction ID:</b> 2230803	
City State Zip Code Chicago IL 60614		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Occupation Quarles & Brady LLP 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 1904 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
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NAME OF COMMITTEE (In Full)  
EMILY's List

A. Full Name (Last, First, Middle Initial) Ms. Eva Shaye		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 2405 Briarcrest Road		Transaction ID: 2230013	
City State Zip Code Beverly Hills CA 90210	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer Self Occupation Artist	[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 Lelah Dushkin		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 1404 Legore Lane		Transaction ID: 2231289	
City State Zip Code Manhattan KS 66502	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer Occupation REQUESTED	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 0.00		

C. Full Name (Last, First, Middle Initial) Ms. Pearl Richardson		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 2727 29th Street NW Apt. 733		Transaction ID: 2227703	
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer Occupation REQUESTED	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 0.00		

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 1905 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Peterson

Mailing Address 839 Washington Avenue

City Albany State CA Zip Code 94706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 14 / 2007

Transaction ID: 2224002

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sonia Lee Bunyan

Mailing Address 4706 Olivia Avenue

City Royal Oak State MI Zip Code 48073

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 20 / 2007

Transaction ID: 2228495

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Corale Layne

Mailing Address 7522 Bradshaw Road

City Sacramento State CA Zip Code 95829

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 21 / 2007

Transaction ID: 2228901

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 O'Connor		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 649 E. 14th Street, Apt. 2C		<b>Transaction ID:</b> 2223169	
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>		Gabby Giffords Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Nancy D Root		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 4840 Thunderbird Dr. #089		<b>Transaction ID:</b> 2224460	
City State Zip Code Boulder CO 80303	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Janet K. Roberts		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 4701 Fulton Street NW		<b>Transaction ID:</b> 2222918	
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Sculptor	<b>[MEMO ITEM]</b> MEMO	
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 1907 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 Jones

Mailing Address 47-682 7 Hui Kelu

City Kaneohe State HI Zip Code 96744

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Non-profit Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2223911

Amount of Each Receipt this Period  
250.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Joanne Bernstein

Mailing Address 47 Montell Street

City Oakland State CA Zip Code 94611

FEC ID number of contributing federal political committee. **C**

Name of Employer Mills 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  
03 / 15 / 2007

Transaction ID: 2224259

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. K. Ann Stebbins

Mailing Address 208 College View Drive

City Richmond State KY Zip Code 40475

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 2228572

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mary A. Hill

Mailing Address 47 Greenbriar Road

City State Zip Code  
Summit NJ 07901

FEC ID number of contributing federal political committee. **C**

Name of Employer Resource Center for Women Occupation Psychiatric Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 2228626

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nancy R. Marshall

Mailing Address 1142 Village Way

City State Zip Code  
Sebastopol CA 95472

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 13 / 2007

Transaction ID: 2223083

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Susanne B. Buxton

Mailing Address 1402 Lyons Avenue

City State Zip Code  
Royal Oak MI 48073

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 28 / 2007

Transaction ID: 2230496

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Vera B. Williams		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 88 Jane Street		<b>Transaction ID:</b> 2227694	
City State Zip Code New York NY 10014		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Self Occupation Writer, Illustrator		<b>[MEMO 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. Nancy Greenwood		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 486 N State St		<b>Transaction ID:</b> 2231143	
City State Zip Code Concord NH 03301		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Nancy Greenwood Smith Insurance Occupation Insurance 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) Ms. Nan Lowerre		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 212 North Street		<b>Transaction ID:</b> 2222808	
City State Zip Code Chagrin Falls OH 44022		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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 1910 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 A. Pollack		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 4125 E 2nd St		<b>Transaction ID:</b> 2230039	
City State Zip Code Long Beach CA 90803	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer Occupation Hughes Aircraft Co. 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Joan McConkey		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 4860 Sioux Drive		<b>Transaction ID:</b> 2228032	
City State Zip Code Boulder CO 80303	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer Occupation Univ. Of CO Librarian	<b>[MEMO 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. Jon Holtzman		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 4850 Tobosa Rd		<b>Transaction ID:</b> 2224380	
City State Zip Code Las Cruces NM 88011	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer Occupation New Mexico State University 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		

<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 1911 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Alwyn N. Johnson		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 4601 Rue Belle Mer		Transaction ID: 2224696	
City State Zip Code Sanibel FL 33957	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Self Occupation Homemaker	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Yves Kraus		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 151 Atwoodville Road		Transaction ID: 2229612	
City State Zip Code Mansfield Ctr CT 06250	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Occupation REQUESTED	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Gail D Reinhart		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 2121 Jamieson Avenue #1806		Transaction ID: 2222943	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer U.S. Gov't Occupation Lawyer	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Lucy Wilson Benson		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 46 Sunset Ave		<b>Transaction ID:</b> 2231282	
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>		Gabby Giffords 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. Ellen L. Eckels		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 1056 Tithing View Ct		<b>Transaction ID:</b> 2224152	
City State Zip Code Riverton UT 84065	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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. Virginia Collins		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 1510 Bradley Avenue		<b>Transaction ID:</b> 2222929	
City State Zip Code Rockville MD 20851	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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 1913 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Craig Madsen</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 1416 Dover Road		<b>Transaction ID: 2228505</b>	
City State Zip Code Santa Barbara CA 93103	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Northern Trust Bank Occupation Banker	<b>[MEMO 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. Betty Vlack</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 1407 Oak Avenue		<b>Transaction ID: 2223916</b>	
City State Zip Code Davis CA 95616	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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. Elaine Amromin</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 2065 Liliano Drive		<b>Transaction ID: 2224654</b>	
City State Zip Code Sierra Madre CA 91024	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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 1914 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Ann Kingsbury

Mailing Address 455 Benderfield Drive

City State Zip Code  
Zionsville IN 46077

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 13 / 2007

Transaction ID: 2223056

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. N. Sue Alden

Mailing Address 4540 8th Avenue NE # 802

City State Zip Code  
Seattle WA 98105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 15 / 2007

Transaction ID: 2224272

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Beaujour

Mailing Address 450 West End Avenue

City State Zip Code  
New York NY 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hunter 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  
03 / 20 / 2007

Transaction ID: 2228558

Amount of Each Receipt this Period  
100.00

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 1915 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Maria T. Apollo		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 330 East Broadway		<b>Transaction ID:</b> 2227635	
City State Zip Code Port Jefferson Sta NY 11777	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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> M. Robert Wochinger		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 89 Luyster Street		<b>Transaction ID:</b> 2227709	
City State Zip Code Huntingtn Sta NY 11746	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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> Rev. Theodora Elkinton Waring		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 45 Rochester Road		<b>Transaction ID:</b> 2228485	
City State Zip Code Newton MA 02458	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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 1916 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Stanley Strauss

Mailing Address 1140 Breakers West Blvd

City State Zip Code  
West Palm Beach FL 33411

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  
03 / 16 / 2007

Transaction ID: 2227651

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Wolff-Reichert

Mailing Address 45 Penhurst Park

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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2007

Transaction ID: 2228094

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Carla D McNeill

Mailing Address 1637 Cohasset Ave

City State Zip Code  
Lakewood OH 44107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Faulkner, Muskovitz and Phillips, LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2007

Transaction ID: 2220118

Amount of Each Receipt this Period  
35.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (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 / 2428
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Leah D. Dick Mailing Address 4912 Tattershall Way City State Zip Code Lawton OK 73501 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2224407</b> Amount of Each Receipt this Period 25.00 Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
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 ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Marjorie A. Kalins Mailing Address 140 Riverside Drive, Apt. 9J City State Zip Code New York NY 10026 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007 <b>Transaction ID: 2230915</b> Amount of Each Receipt this Period 25.00 Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Self Occupation Television Production 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 Johnston Mailing Address 20500 Oak Highlands Avenue City State Zip Code Tehachapi CA 93561 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007 <b>Transaction ID: 2231279</b> Amount of Each Receipt this Period 100.00 Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Flagstaff Med Ctr Occupation Medical Microbiologist 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 1918 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ted L. Thatcher		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 4415 Park Green Court		<b>Transaction ID:</b> 2223924	
City State Zip Code Sacramento CA 95821	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Sherry Nehmer		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 205 West End Avenue Apartment 18L		<b>Transaction ID:</b> 2224055	
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>		Gabby Giffords Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. James B. Lyon		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1005 Arlington Street		<b>Transaction ID:</b> 2227628	
City State Zip Code Clinton MS 39056	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO	
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 1919 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 B Wilson

Mailing Address 14 Pond Rd # 55

City State Zip Code  
Blue hill ME 04614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 22 / 2007

Transaction ID: 2229486

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Morton Yuter

Mailing Address 5 Dover Avenue

City State Zip Code  
Garden City NY 11530

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  
03 / 13 / 2007

Transaction ID: 2222867

Amount of Each Receipt this Period  
200.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Flora Harper

Mailing Address 4903 Potomac Avenue NW

City State Zip Code  
Washington DC 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 14 / 2007

Transaction ID: 2223901

Amount of Each Receipt this Period  
250.00

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 1920 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 L. Pesetski		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 4406 88th Street		<b>Transaction ID:</b> 2224532
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>	Gabby Giffords 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	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Eleanor Eisenberg		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 6961 184th Street		<b>Transaction ID:</b> 2227681
City State Zip Code Flushing NY 11365	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. Jo Ann Byler		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 1523 E. Woodland Drive		<b>Transaction ID:</b> 2224602
City State Zip Code Dalton Gardens ID 83815	Amount of Each Receipt this Period 8.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions	
Name of Employer Womens Center Thrift Store Occupation Saleswoman	<b>[MEMO 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 1921 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Lafer		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 44 Mandeville Drive		Transaction ID: 2230537
City State Zip Code Wayne NJ 07470	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Self Occupation Psychologist	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. Howard C. Poulter		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 4375 Bridgeview Drive		Transaction ID: 2222994
City State Zip Code Oakland CA 94602	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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> Ms. Judith P. Fisher		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 204 Dromara Road		Transaction ID: 2220130
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>		Gabby Giffords Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Erie County 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 1922 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 PI

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  
03 / 31 / 2007

Transaction ID: 2231167

Amount of Each Receipt this Period  
30.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sara B Wilson

Mailing Address 14 Pond Rd # 55

City State Zip Code  
Blue hill ME 04614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 15 / 2007

Transaction ID: 2224404

Amount of Each Receipt this Period  
10.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Cheryl C. Farmer

Mailing Address 214 N. Huron Street, #1

City State Zip Code  
Ypsilanti MI 48197

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  
03 / 13 / 2007

Transaction ID: 2223045

Amount of Each Receipt this Period  
100.00

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 1923 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Nancy B. Price		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 433 Madison		<b>Transaction ID:</b> 2224524	
City State Zip Code San Antonio TX 78204	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions		
Name of Employer Price Companies Occupation Management	<b>[MEMO 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. Amy Edwards		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 4315 SE Oak Street		<b>Transaction ID:</b> 2231249	
City State Zip Code Portland OR 97215	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions		
Name of Employer Steel River LLP 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) Ms. Edith S. Bingham		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 4309 Glenview Avenue P.O. Box 64		<b>Transaction ID:</b> 2230485	
City State Zip Code Glenview KY 40025	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions		
Name of Employer None Occupation Community Volunteer	<b>[MEMO 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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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 Feldman

Mailing Address 14 Linda Lane

City State Zip Code  
Newton Highlands MA 02461

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2007

Transaction ID: 2228916

Amount of Each Receipt this Period  
250.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Randy R Castro

Mailing Address 4305 Lakeview Drive SE

City State Zip Code  
Port Orchard WA 98366

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2007

Transaction ID: 2230910

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jan West

Mailing Address 4303 Reflections Parkway

City State Zip Code  
Sarasota FL 34233

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  
03 / 16 / 2007

Transaction ID: 2227712

Amount of Each Receipt this Period  
25.00

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 1925 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Siegel Divita		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 113 Randolph Street		<b>Transaction ID:</b> 2231257	
City State Zip Code Northville MI 48167	Amount of Each Receipt this Period 12.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer School Craft College 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. Carol A Starmack		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 71 Leonard Street # 5N		<b>Transaction ID:</b> 2230826	
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer The Century Foundation 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		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Patricia House		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 43 Winthrop Street		<b>Transaction ID:</b> 2229368	
City State Zip Code Hallowell ME 04347	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer Health Plus of Michigan Occupation Health Care 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 1926 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Marguerite P. Cullman

Mailing Address 300 Park Drive

City State Zip Code  
Severna Park MD 21146

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

**Transaction ID: 2224563**

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Anne Sapp

Mailing Address 2014 W. Shalimar Way

City State Zip Code  
Tucson AZ 85704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 13 / 2007

**Transaction ID: 2222890**

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Anne E. Golseth

Mailing Address 429 La Quinta Lane

City State Zip Code  
Sonoma CA 95476

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 15 / 2007

**Transaction ID: 2224299**

Amount of Each Receipt this Period  
50.00

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 1927 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 R. Lamb

Mailing Address 428 North Saint Asaph Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self employed Organization development

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222969

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Freda Fuller

Mailing Address 1233 N Beaver Creek Road

City State Zip Code  
Seal Rock OR 97376

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  
03 / 15 / 2007

Transaction ID: 2224321

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Thelma Wells

Mailing Address 427 Virginia Terrace

City State Zip Code  
Madison WI 53726

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  
03 / 30 / 2007

Transaction ID: 2231307

Amount of Each Receipt this Period  
50.00

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 1928 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 D. Drant

Mailing Address 201 Grant Street, # PH1

City State Zip Code  
Sewickley PA 15143

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2007

Transaction ID: 2229588

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** 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  
03 / 21 / 2007

Transaction ID: 2228859

Amount of Each Receipt this Period  
25.00

Gabby Giffords 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  
03 / 06 / 2007

Transaction ID: 2220236

Amount of Each Receipt this Period  
100.00

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 1929 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Y  
03 / 15 / 2007

Transaction ID: 2224816

Amount of Each Receipt this Period  
250.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dennis McGilligan

Mailing Address 4230 Mandan Cres

City State Zip Code  
Madison WI 53711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
State of WI 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  
03 / 16 / 2007

Transaction ID: 2227790

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nancy Zuercher

Mailing Address 423 Linden Avenue

City State Zip Code  
Vermillion SD 57069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U of S Dakota 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  
03 / 22 / 2007

Transaction ID: 2229183

Amount of Each Receipt this Period  
50.00

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 1930 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas Kerenyi

Mailing Address 1125 Park Avenue

City State Zip Code  
New York NY 10128

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  
03 / 13 / 2007

Transaction ID: 2223163

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Bradley R. Grainger

Mailing Address 421 Highland Road

City State Zip Code  
Ithaca NY 14850

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Capmark Finance Inc. Mortgage Banking

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2007

Transaction ID: 2220135

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Donald Ernst

Mailing Address 2009 Kimmy Ln

City State Zip Code  
Arnold MO 63010

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  
03 / 23 / 2007

Transaction ID: 2229617

Amount of Each Receipt this Period  
5.00

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 1931 / 2428
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Marjorie S Saulson		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 26662 Scenic Hwy		<b>Transaction ID:</b> 2230649	
City State Zip Code Franklin MI 48025	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation note business Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Joan Skurnik		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 216 West 89th Street, Apt. 8A		<b>Transaction ID:</b> 2224507	
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>		Gabby Giffords Contributions	
Name of Employer A.J. Heschel School Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Educator Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> MEMO	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Carol Georgopoulos		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 1125 Cuatro Cerros Trail SE		<b>Transaction ID:</b> 2224802	
City State Zip Code Albuquerque NM 87123	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 0.00	<b>[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 1932 / 2428
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Arthur L. Canfield		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 42-129 Old Kalanianale Road		<b>Transaction ID:</b> 2224630	
City State Zip Code Kailua HI 96734		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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. Margaret Grubbs		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 1382 Newtown Langhorne Rd. #M-05		<b>Transaction ID:</b> 2223058	
City State Zip Code Newtown PA 18940		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Melinda G Hardin		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 7 Wharf Street		<b>Transaction ID:</b> 2224736	
City State Zip Code Alexandria VA 22314		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Occupation self Various		<b>[MEMO 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 1933 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Melissa L. Epple		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 20 Village Lane		<b>Transaction ID:</b> 2230862
City State Zip Code Santa Fe NM 87505	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions	
Name of Employer Self Occupation Healthcare	<b>[MEMO 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. Norma S Liner		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 10953 Cherry Ridge Road		<b>Transaction ID:</b> 2224820
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>	Gabby Giffords 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. Dorothy Baker		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 4196 Diamond Drive		<b>Transaction ID:</b> 2224674
City State Zip Code Eagan MN 55122	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions	
Name of Employer Abbott-NorthWestern Hos. Occupation 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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Georgia S. Wright Mailing Address 105 Vicente Road City Berkeley State CA Zip Code 94705 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2224490</b> Amount of Each Receipt this Period 100.00 Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Self 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. 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 M M / D D / Y Y Y Y 03 / 23 / 2007 <b>Transaction ID: 2229365</b> Amount of Each Receipt this Period 100.00 Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
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 ▼ 0.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Priscilla S. Hunt Mailing Address 10 Coolidge Hill Road City Cambridge State MA Zip Code 02138 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007 <b>Transaction ID: 2228934</b> Amount of Each Receipt this Period 500.00 Gabby Giffords 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>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (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 / 2428
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Laird H. Barber Mailing Address 419 W. 10th Street City State Zip Code Morris MN 56267 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2227721</b> Amount of Each Receipt this Period 250.00 Gabby Giffords 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. Winson D. Ewing Mailing Address 4174 Timberline Road City State Zip Code Clinton WA 98236 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007 <b>Transaction ID: 2224103</b> Amount of Each Receipt this Period 25.00 Gabby Giffords 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. 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. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2224716</b> Amount of Each Receipt this Period 50.00 Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer 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 1936 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Bailey Burts		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 2143 Sherwood Avenue		<b>Transaction ID:</b> 2223006
City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. Ellen R Szuchmacher		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 5 Evergreen Circle		<b>Transaction ID:</b> 2230818
City State Zip Code Manhasset NY 11030	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions	
Name of Employer Occupation Vascular Diagnostic 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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Rosalie Heller		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 301 El Viento Street		<b>Transaction ID:</b> 2228612
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>	Gabby Giffords Contributions	
Name of Employer Occupation Self Musician	<b>[MEMO 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 1937 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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 E Burr

Mailing Address 415 South Street # 1201

City Honolulu State HI Zip Code 96813

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 05 / 2007

Transaction ID: 2220157

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. James B Flaws

Mailing Address 138 West Hill Terrace

City Painted Post State NY Zip Code 14870

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Corning Incorporated CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 14 / 2007

Transaction ID: 2223996

Amount of Each Receipt this Period  
250.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elisabeth Fidler

Mailing Address 4126 Vermont Street

City San Diego State CA Zip Code 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  
03 / 13 / 2007

Transaction ID: 2223002

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 0.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sheila Martin

Mailing Address 20 Eagle Gap Road

City State Zip Code  
Novato CA 94949

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 31 / 2007

Transaction ID: 2231128

Amount of Each Receipt this Period  
250.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Dorothy Thompson

Mailing Address 5130 Burr Oaks Road

City State Zip Code  
Oklahoma City OK 73105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 22 / 2007

Transaction ID: 2229122

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lynda G Brender

Mailing Address 4121 Hampshire Blvd.

City State Zip Code  
Fort Worth TX 76103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Law Offices of Art Brender 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  
03 / 20 / 2007

Transaction ID: 2228513

Amount of Each Receipt this Period  
100.00

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 1939 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Patty Jay

Mailing Address 11213 Clear Oak Circle

City State Zip Code  
New Port Richey FL 34654

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2007

Transaction ID: 2227365

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gary A Bloom

Mailing Address 4120 Geraldine Avenue # 7

City State Zip Code  
St Ann MO 63074

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
arcvision, Inc 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  
03 / 24 / 2007

Transaction ID: 2229605

Amount of Each Receipt this Period  
10.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Judith Townsend

Mailing Address 20 Clairborne Ct

City State Zip Code  
Bluffton SC 29909

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  
03 / 19 / 2007

Transaction ID: 2228014

Amount of Each Receipt this Period  
25.00

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 1940 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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 McCoy Mailing Address 4100 Well Spring Drive Apt. 2306 City Greensboro State NC Zip Code 27410 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007 <b>Transaction ID: 2224279</b> Amount of Each Receipt this Period 100.00 Gabby Giffords 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. Penelope Colman Mailing Address 138 Knickerbocker Road City Englewood State NJ Zip Code 07631 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2227586</b> Amount of Each Receipt this Period 35.00 Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Queens College CUNY Distinguished Lecturer 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. Louise M. Richardson Mailing Address 1674 W Bullard Ave City Fresno State CA Zip Code 93711 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007 <b>Transaction ID: 2223927</b> Amount of Each Receipt this Period 125.00 Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Fresno County Librarian 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 1941 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Charlotte S Barkley

Mailing Address 515 W. Madison Ave.

City State Zip Code  
Prescott AZ 86301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 28 / 2007

Transaction ID: 2230472

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Lois Alexanian

Mailing Address 4082 Breakwood Drive

City State Zip Code  
Houston TX 77025

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  
03 / 20 / 2007

Transaction ID: 2228638

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Suzanne Benton

Mailing Address 22 Donnelly Drive

City State Zip Code  
Ridgefield CT 06877

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  
03 / 23 / 2007

Transaction ID: 2229376

Amount of Each Receipt this Period  
25.00

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 1942 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Tamara Harris		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 10175 Sunstar Road		<b>Transaction ID:</b> 2224651
City Monterey State CA Zip Code 93940	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Self Occupation Unemployed	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) Dr. Martha C. Frede		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 1000 Liberty Park Drive #106		<b>Transaction ID:</b> 2224147
City Austin State TX Zip Code 78746	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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>C.</b> Full Name (Last, First, Middle Initial) Ms. Patricia Preston		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 517 N. MacDonald		<b>Transaction ID:</b> 2231270
City Mesa State AZ Zip Code 85201	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Native American Connecti Occupation CPA/Controller	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 1943 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Christine S. Strain		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 404 Arnett Avenue		<b>Transaction ID:</b> 2229099
City State Zip Code Ventura CA 93003	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. Lynne B Small		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 13654 Mango Drive		<b>Transaction ID:</b> 2230806
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>	Gabby Giffords Contributions	
Name of Employer Occupation University of San Diego 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. Joyce Chase		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 2 Fifth Avenue		<b>Transaction ID:</b> 2230229
City State Zip Code NYC NY 10011	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions	
Name of Employer Occupation Self-Employed Talent 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 1944 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Laurie C Collins

Mailing Address 914 Geneva Street

City State Zip Code  
Glendale CA 91207

FEC ID number of contributing federal political committee. **C**

Name of Employer State of California 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  
03 / 29 / 2007

Transaction ID: 2230793

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susan Bierwirth Arbios

Mailing Address 511 Fitch Street

City State Zip Code  
Healdsburg CA 95448

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  
03 / 29 / 2007

Transaction ID: 2230674

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Margaret Brown

Mailing Address 1121 Oregon Hollow Road

City State Zip Code  
Holtwood PA 17532

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 15 / 2007

Transaction ID: 2224262

Amount of Each Receipt this Period  
100.00

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 1945 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 A Mackoy		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 928 Simon Drive		<b>Transaction ID:</b> 2224399	
City State Zip Code Cedar Hill TX 75104	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer Occupation Fidelity Investments Vice President	<b>[MEMO 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. Joseph Williams		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 401 N. Du Quion Street # 4		<b>Transaction ID:</b> 2224236	
City State Zip Code Benton IL 62812	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords 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. Christine D. Long		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 19710 W 13 Mile Rd # 203 Apt. 203		<b>Transaction ID:</b> 2224617	
City State Zip Code Beverly Hills MI 48025	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords 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 1946 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Sandra E. Adickes</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 93 Renaissance Lane		<b>Transaction ID: 2228969</b>	
City State Zip Code New Brunswick NJ 08901	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Winona State Univ. Occupation 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		

Full Name (Last, First, Middle Initial) <b>B. Ms. Daryl Boylan</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 197 Coolidge Terrace		<b>Transaction ID: 2224239</b>	
City State Zip Code Wyckoff NJ 07481	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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		

Full Name (Last, First, Middle Initial) <b>C. Ms. Eva B. Edelstein</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 135 Mayberry Drive		<b>Transaction ID: 2224294</b>	
City State Zip Code Monroeville PA 15146	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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 1947 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Patti P. Frounfelter		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 125 N. Pansy St		<b>Transaction ID:</b> 2224529	
City State Zip Code Ishpeming MI 49849	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer self Occupation CURVES 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Lorene S Sarne		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 4 Monroe Street		<b>Transaction ID:</b> 2231147	
City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer GAO Occupation 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>C.</b> Full Name (Last, First, Middle Initial) Mrs. Sandy Elkins		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 1345 Jabbet Drive		<b>Transaction ID:</b> 2229412	
City State Zip Code Plano TX 75025	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer Yum! Brands/Pizza Hut Occupation Administrative Assistant	<b>[MEMO 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 1948 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Rita S Vandenburg		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 3972 Amyx Ct		Transaction ID: 2227603	
City State Zip Code Hayward CA 94542	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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. Elizabeth J. Owen		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 10 Park Drive		Transaction ID: 2229101	
City State Zip Code Yalaha FL 34797	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED Aggregate Year-to-Date ▼ 0.00	[MEMO ITEM] MEMO	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Cynthia O Jimenez		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 932 Franklin Street		Transaction ID: 2228546	
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>		Gabby Giffords Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED Aggregate Year-to-Date ▼ 0.00	[MEMO ITEM] MEMO	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 White		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 1120 E. Balboa Boulevard		<b>Transaction ID:</b> 2230524	
City State Zip Code Balboa CA 92661		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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. Elizabeth F. Jones		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 104 Gilley Drive		<b>Transaction ID:</b> 2222955	
City State Zip Code Williamsburg VA 23188		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer ChristopherNgupor Univ. 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>C.</b> Full Name (Last, First, Middle Initial) Ms. Lenore Levy		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 395 Rutland Avenue		<b>Transaction ID:</b> 2224099	
City State Zip Code Teaneck NJ 07666		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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 1950 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 Middleton

Mailing Address 3920 Grand Ave.  
#1000E

City State Zip Code  
Des Moines IA 50312

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  
03 / 14 / 2007

Transaction ID: 2224130

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary Kyropoulos

Mailing Address 1938 Mill Rd

City State Zip Code  
S Pasadena CA 91030

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  
03 / 21 / 2007

Transaction ID: 2228907

Amount of Each Receipt this Period  
15.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bruce Hollingsworth

Mailing Address 3905B Wiley Avenue

City State Zip Code  
Chattanooga TN 37412

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

Transaction ID: 2227741

Amount of Each Receipt this Period  
50.00

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 1951 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Edgar M. Chase

Mailing Address 9406 Michael Drive

City State Zip Code  
Clinton MD 20735

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2007

**Transaction ID: 2228879**

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Hardman

Mailing Address 39 Jane Lacey Drive, Apt. Q

City State Zip Code  
Endicott NY 13760

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Binghamton University Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

**Transaction ID: 2224789**

Amount of Each Receipt this Period  
5.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. William B. Novoa

Mailing Address 39 Farm Drive

City State Zip Code  
Farmington CT 06032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

**Transaction ID: 2222781**

Amount of Each Receipt this Period  
25.00

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 1952 / 2428
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <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-Marie Schnetzler

Mailing Address 388 Main Street

City Morro Bay State CA Zip Code 93442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 13 / 2007

Transaction ID: 2223096

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Louis Rosenblum, M.D.

Mailing Address 1335 N. Astor Street, Apt. 13C

City Chicago State IL Zip Code 60610

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  
03 / 16 / 2007

Transaction ID: 2224581

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lois Herrmann

Mailing Address 530 Calle Corvo

City Santa Fe State NM Zip Code 87501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 2228610

Amount of Each Receipt this Period  
50.00

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 1953 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 Cogswell		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 1931 Mercedes Court		<b>Transaction ID:</b> 2228596
City State Zip Code Atlanta GA 30345	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions	
Name of Employer Federal Government Occupation Doctor	<b>[MEMO 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. Cora M. Biernat		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 3839 Hart Blvd. Apt. 313		<b>Transaction ID:</b> 2223956
City State Zip Code Minneapolis MN 55421	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. Evelyn Swenson		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 104 Aylesbury Hill Street		<b>Transaction ID:</b> 2231305
City State Zip Code San Antonio TX 78209	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions	
Name of Employer Self 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) .....	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Huckins		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 13010 Sandy Key Bend #2		Transaction ID: 2227707
City State Zip Code Fort Myers FL 33903	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions	
Name of Employer Occupation 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	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Jan L Flora		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 1902 George Allen Ave.		Transaction ID: 2224809
City State Zip Code Ames IA 50010	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions	
Name of Employer Occupation Iowa State University sociologist	<b>[MEMO 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. Paul H. Aldrich		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 38 Cloud Leaf Place		Transaction ID: 2228085
City State Zip Code The Woodlands TX 77381	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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 1955 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. Bernice B. Pernhall

Mailing Address 1330 N.W. 26th Lane

City State Zip Code  
Delray Beach FL 33445

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 21 / 2007

Transaction ID: 2228975

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert D Lawrence

Mailing Address 535 NW Mountain Laurel Circle

City State Zip Code  
Corvallis OR 97330

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 19 / 2007

Transaction ID: 2228055

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Bonnie Flory

Mailing Address 1902 Adams Street

City State Zip Code  
Hollywood FL 33020

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  
03 / 26 / 2007

Transaction ID: 2230068

Amount of Each Receipt this Period  
25.00

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 1956 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 B. Elkin		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 3737 Atlantic Avenue Apt 1101		<b>Transaction ID:</b> 2222849
City State Zip Code Long Beach CA 90807	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. Patricia P. Hok		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 1111 Alvarado Avenue Apt. 363		<b>Transaction ID:</b> 2227822
City State Zip Code Davis CA 95616	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. Lee K. Hurd		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 17 Paddock Lane		<b>Transaction ID:</b> 2223860
City State Zip Code Williston VT 05495	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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 1957 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 W. Allen		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 19 W. 10th Street		<b>Transaction ID:</b> 2227575
City State Zip Code New York NY 10011	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Margaret Hogan		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 9434 N 125th PI		<b>Transaction ID:</b> 2229181
City State Zip Code Scottsdale AZ 85259	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Patricia S. Lein		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 2201 Third Ave. #2701		<b>Transaction ID:</b> 2223120
City State Zip Code Seattle WA 98121	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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 1958 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Ann Owchar

Mailing Address 3726 SW Webster Street

City State Zip Code  
Seattle WA 98126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 22 / 2007

Transaction ID: 2229452

Amount of Each Receipt this Period  
15.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Alison S. Hannan

Mailing Address 19 S Belden Hill Road

City State Zip Code  
Guilford VT 05301

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  
03 / 16 / 2007

Transaction ID: 2227751

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Moly Cornell

Mailing Address 37 Shapquit Bars Road

City State Zip Code  
Falmouth MA 02540

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  
03 / 14 / 2007

Transaction ID: 2224053

Amount of Each Receipt this Period  
100.00

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 1959 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Carolyn A Crutchfield

Mailing Address 133 Santolina Park

City State Zip Code  
Peachtree City GA 30269

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2007

Transaction ID: 2229598

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susan Hodge

Mailing Address 368 Edgewood Avenue

City State Zip Code  
Teaneck NJ 07666

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Columbia University, NY State Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2223983

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Julia Jay

Mailing Address 1038 Etherton Drive

City State Zip Code  
Saint Louis MO 63126

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  
03 / 14 / 2007

Transaction ID: 2223908

Amount of Each Receipt this Period  
25.00

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 1960 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mary Elizabeth Ford

Mailing Address 1890 East 107th Street #302

City Cleveland State OH Zip Code 44106

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  
03 / 16 / 2007

Transaction ID: 2224638

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susan H Press

Mailing Address 3604 Shepherd Street

City Chevy Chase State MD Zip Code 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 13 / 2007

Transaction ID: 2222789

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Margaret George

Mailing Address 133 Progress Drive

City Doylestown State PA Zip Code 18901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 16 / 2007

Transaction ID: 2227637

Amount of Each Receipt this Period  
100.00

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 1961 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Norma K Stone

Mailing Address 3601 Turtle Creek Blvd.  
#404

City State Zip Code  
Dallas TX 75219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 7

Transaction ID: 2220219

Amount of Each Receipt this Period  
75.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** 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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 7

Transaction ID: 2227652

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Amy L. Vandersall

Mailing Address 360 20th Street

City State Zip Code  
Boulder CO 80302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 7

Transaction ID: 2224723

Amount of Each Receipt this Period  
50.00

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 1962 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sonia Ragir		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 188 Abbey Road		Transaction ID: 2224795	
City State Zip Code Mt Tremper NY 12457		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Occupation CUNY Professor		[MEMO ITEM] MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Gifford W. Asher		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 36 Northwood Lane		Transaction ID: 2224025	
City State Zip Code Port Angeles WA 98362		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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. Leal M. Abbott		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 359 Quail Drive		Transaction ID: 2229635	
City State Zip Code Woodland CA 95695		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Occupation leal abbott, lcsw social work		[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 1963 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 M Travers

Mailing Address 13210 Lagunita Way

City State Zip Code  
Sutter Creek CA 95685

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229137

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Gloria G. Margulies

Mailing Address 5502 Murietta Avenue

City State Zip Code  
Sherman Oaks CA 91401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Law Offices of David L. Margulies certified paralegal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224659

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Donna M. Favour

Mailing Address 9523 Fallbrook Drive

City State Zip Code  
Dallas TX 75243

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 2228598

Amount of Each Receipt this Period  
50.00

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 1964 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

A. Full Name (Last, First, Middle Initial) Ms. Mary B. Holt		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 18616 N. 99th Avenue # 2027		Transaction ID: 2228511	
City State Zip Code Sun City AZ 85373	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. Helen M Waterbury		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 3057 S. Higuera, # 181		Transaction ID: 2220163	
City State Zip Code San Luis Obispo CA 93401	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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) Mr. Andrew Wright		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 356 W. 11th Street		Transaction ID: 2227666	
City State Zip Code Claremont CA 91711	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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 1965 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Lea M. Csala		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 356 S. River Street		<b>Transaction ID:</b> 2228914	
City State Zip Code Wilkes Barre PA 18702	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer Self 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) Mrs. Mary L. Bundy		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 170 E 79th Street		<b>Transaction ID:</b> 2227698	
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords 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. Margaret T Macdonald		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 354 Carolina Meadows		<b>Transaction ID:</b> 2231273	
City State Zip Code Chapel Hill NC 27517	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords 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 1966 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Neil J Woodruff

Mailing Address 22802 Oatlands Grove Place

City State Zip Code  
Ashburn VA 20148

FEC ID number of contributing federal political committee. **C**

Name of Employer NA 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  
03 / 07 / 2007

Transaction ID: 2220363

Amount of Each Receipt this Period  
10.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Tonia W. Brown

Mailing Address 3525 N San Carlos Drive

City State Zip Code  
Eloy AZ 85231

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2227720

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Penny Packard

Mailing Address 3520 2nd Avenue NE

City State Zip Code  
Naples FL 34120

FEC ID number of contributing federal political committee. **C**

Name of Employer Collier County Publ. Schools Occupation Teacher's Asst.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2227700

Amount of Each Receipt this Period  
25.00

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 1967 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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  
03 / 23 / 2007

Transaction ID: 2229608

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Diane K. Dalsimer

Mailing Address 111 Lakeside Circle

City State Zip Code  
Pompano Beach FL 33060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2007

Transaction ID: 2227372

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Francis Doran

Mailing Address 3517 Hillcrest Drive

City State Zip Code  
Belmont CA 94002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self RE BROken

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2007

Transaction ID: 2229334

Amount of Each Receipt this Period  
50.00

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 1968 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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 Howard		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address P.O. Box 828		<b>Transaction ID:</b> 2230449	
City Clinton	State WA	Amount of Each Receipt this Period 25.00	
Zip Code 98236		Gabby Giffords Contributions	
FEC ID number of contributing federal political committee. C		<b>[MEMO ITEM]</b> MEMO	
Name of Employer Receipt For:	Occupation REQUESTED	Aggregate Year-to-Date ▼ 0.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Bonnie R Clendenning		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2007	
Mailing Address 23 Blake Street		<b>Transaction ID:</b> 2220427	
City Newton	State MA	Amount of Each Receipt this Period 250.00	
Zip Code 02460		Gabby Giffords Contributions	
FEC ID number of contributing federal political committee. C		<b>[MEMO ITEM]</b> MEMO	
Name of Employer Receipt For:	Occupation Executive Director	Aggregate Year-to-Date ▼ 0.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Karen T. Kahler		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 3500 E. Lincoln Drive # 49		<b>Transaction ID:</b> 2227766	
City Phoenix	State AZ	Amount of Each Receipt this Period 50.00	
Zip Code 85018		Gabby Giffords Contributions	
FEC ID number of contributing federal political committee. C		<b>[MEMO ITEM]</b> MEMO	
Name of Employer Receipt For:	Occupation Attorney	Aggregate Year-to-Date ▼ 0.00	
<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 1969 / 2428
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <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 Schechter-Schoeman

Mailing Address 1823 Heyward Street

City State Zip Code  
Columbia SC 29205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2227702

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susan Brauneiss

Mailing Address 555 North Bristol Avenue

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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2007

Transaction ID: 2229702

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Deborah Franczek

Mailing Address 5555 Everett # 7D

City State Zip Code  
Chicago IL 60637

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2224067

Amount of Each Receipt this Period  
250.00

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 1970 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 Ivan Shorter		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1311 Lakeside Avenue		<b>Transaction ID:</b> 2224752	
City State Zip Code Baltimore MD 21218	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords 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. Frances Bull		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 3467 Craig Road		<b>Transaction ID:</b> 2223093	
City State Zip Code Ann Arbor MI 48103	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords 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. Mary L Riccobono		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 1807 Restful Dr		<b>Transaction ID:</b> 2220193	
City State Zip Code Bradenton FL 34207	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords 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 1971 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. John D. Higham Mailing Address 100 Yale Road City Menlo Park State CA Zip Code 94025 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>0</td><td>3</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: 2223111 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	3		2	0	0	7														
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 ▼ <table border="1"> <tr> <td>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Miss Megan Thomas Mailing Address 1173 Colusa Avenue City Berkeley State CA Zip Code 94707 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>0</td><td>3</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: 2228034 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	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>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Susan Linde Mailing Address 3449 Keswick Road City Baltimore State MD Zip Code 21211 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>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2224049 Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table> Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0	7	20.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	4		2	0	0	7														
20.00																							
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 1972 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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 Reitbauer		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 560 Little Lake Drive, # 20		<b>Transaction ID:</b> 2224122
City State Zip Code Ann Arbor MI 48103	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions	
Name of Employer Marymount College Occupation College 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	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. A. L. Contreras		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 1805 Lyndon Road		<b>Transaction ID:</b> 2222821
City State Zip Code San Diego CA 92103	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions	
Name of Employer CA. Hwy Patrol Occupation 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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Patricia Norred-Derr		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 343 Rosedale Drive		<b>Transaction ID:</b> 2231256
City State Zip Code Pottstown PA 19464	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions	
Name of Employer Kutztown University 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Theodor Schuchat		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 11015 S.E. Lake Road		<b>Transaction ID:</b> 2223941
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>	Gabby Giffords 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> Mr. Robert Pancner		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 7936 Redondo Court		<b>Transaction ID:</b> 2228167
City State Zip Code Darien IL 60561	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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 H. Beyer		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 343 Rim Road		<b>Transaction ID:</b> 2224040
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>	Gabby Giffords 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 1974 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Rosoff

Mailing Address 1310 Primavera St Unit 143

City State Zip Code  
Salinas CA 93901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

Transaction ID: 2224473

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Jean Myers

Mailing Address 1036 Elizabeth Drive

City State Zip Code  
McMurray PA 15317

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  
03 / 13 / 2007

Transaction ID: 2223135

Amount of Each Receipt this Period  
10.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Genevieve M. Tvrdik

Mailing Address 341 Stehman Road

City State Zip Code  
Lancaster PA 17603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 21 / 2007

Transaction ID: 2228865

Amount of Each Receipt this Period  
100.00

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 1975 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Janice Thompson		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address 180 Portsmouth Circle		<b>Transaction ID:</b> 2227671
City State Zip Code Glen Mills PA 19342	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions	
Name of Employer Occupation Crozer-Chester Medical Center Registered Nurse	<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Peggy E Jones		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 7
Mailing Address 341 Brockway Pl		<b>Transaction ID:</b> 2219924
City State Zip Code Saginaw MI 48602	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions	
Name of Employer Occupation GM 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>C.</b> Full Name (Last, First, Middle Initial) Ms. Barbara Fitzpatrick		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 7901 Seminole Blvd. Apt. 1302		<b>Transaction ID:</b> 2224072
City State Zip Code Seminole FL 33772	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Gabby Giffords 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 1976 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 H. Barter

Mailing Address 3395 E. Second Street

City Tucson State AZ Zip Code 85716

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 Y  
03 / 13 / 2007

Transaction ID: 2223049

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. C. Joyce France

Mailing Address 1101 Spruce Avenue

City Alamogordo State NM Zip Code 88310

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 20 / 2007

Transaction ID: 2228579

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marie E. Kingdon

Mailing Address 1062 Carter's Grove

City Indianapolis State IN Zip Code 46260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 16 / 2007

Transaction ID: 2227777

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Rhonda D Wright Mailing Address 3363 Narrow Lane Road City State Zip Code Montgomery AL 36111 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007 <b>Transaction ID: 2224243</b> Amount of Each Receipt this Period 250.00 Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer: Montgomery Pathology Associates Occupation: Pathologist 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. Carol M. Edmunds Mailing Address 308 Silver Street City State Zip Code Bennington VT 05201 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007 <b>Transaction ID: 2228478</b> Amount of Each Receipt this Period 30.00 Gabby Giffords 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. Judith E Dubin Mailing Address 9936 Beverly Grove Drive City State Zip Code Beverly Hills CA 90210 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007 <b>Transaction ID: 2231158</b> Amount of Each Receipt this Period 100.00 Gabby Giffords 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 1978 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Jodi I. Lustig

Mailing Address 130 W 79th #6F

City State Zip Code  
New York NY 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
writer/real estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2007

Transaction ID: 2229713

Amount of Each Receipt this Period  
250.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Maria T Meuse

Mailing Address 3358 Woodburn Road#33 apt. #33

City State Zip Code  
Annandale VA 22003

FEC ID number of contributing federal political committee. **C**

Name of Employer Fairfax County Health Dep-t., 10777 Mai Occupation  
Registered Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2007

Transaction ID: 2230616

Amount of Each Receipt this Period  
20.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. A. Shor

Mailing Address 18 Pecan Court

City State Zip Code  
Mount Laurel NJ 08054

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Veterinarian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2007

Transaction ID: 2224035

Amount of Each Receipt this Period  
25.00

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 1979 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Ruth W. Swenson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 2308 Hamilton Drive		<b>Transaction ID:</b> 2223030	
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>		Gabby Giffords Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Karla Bassler		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 18 Old Farm Lane		<b>Transaction ID:</b> 2227624	
City State Zip Code Attleboro MA 02703	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Finance	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Adele Harris		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2007	
Mailing Address 3339 Bay Front Drive		<b>Transaction ID:</b> 2230561	
City State Zip Code Baldwin NY 11510	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REQUESTED	<b>[MEMO ITEM]</b> MEMO	
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 1980 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Evelyn M. Feintech		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 10106 Emyprean Way #102		Transaction ID: 2230045
City State Zip Code Los Angeles CA 90067	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. Nancy E. Ellingham		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 14601 S.E. 55th Street		Transaction ID: 2229343
City State Zip Code Bellevue WA 98006	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. Joan Steele		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address 332 Glenn Street		Transaction ID: 2220365
City State Zip Code Ashland OR 97520	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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 1981 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

A. Full Name (Last, First, Middle Initial) Ms. Alice J. Ramsay		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 566 S. LaLonde Avenue		Transaction ID: 2229372	
City Lombard	State IL	Zip Code 60148	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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. Full Name (Last, First, Middle Initial) Ms. D. E. McGill		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address POB 619 Lake Vallecito		Transaction ID: 2231321	
City Bayfield	State CO	Zip Code 81122	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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. Enid V Klauber		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 17857 Arbor Greene DR		Transaction ID: 2219918	
City Tampa	State FL	Zip Code 33647	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer bay area infectious disease associates	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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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 D Fischer

Mailing Address 563 Orchid Lane

City State Zip Code  
Del Mar CA 92014

FEC ID number of contributing 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  
03 / 16 / 2007

**Transaction ID: 2224494**

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Helen Wells

Mailing Address PO Box 61125

City State Zip Code  
Pasadena CA 91116

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  
03 / 28 / 2007

**Transaction ID: 2230567**

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marie E. Roberts

Mailing Address P.O. Box 5676

City State Zip Code  
Frisco CO 80443

FEC ID number of contributing 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  
03 / 28 / 2007

**Transaction ID: 2230508**

Amount of Each Receipt this Period  
100.00

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 1983 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 V. Lincoln

Mailing Address P.O. Box 5876

City State Zip Code  
Burlington VT 05402

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Natl Able Network

Occupation  
Library Page Trainee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229139

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lillian S. Lin

Mailing Address P.O. Box 15351

City State Zip Code  
Atlanta GA 30333

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Emory University

Occupation  
Assistant Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222857

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nita Corinblit

Mailing Address 5854 Hillview Park Avenue

City State Zip Code  
Valley Glen CA 91401

FEC ID number of contributing federal political committee. **C**

Name of Employer

Occupation  
Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2007

Transaction ID: 2230443

Amount of Each Receipt this Period  
25.00

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 1984 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 S. Pearl

Mailing Address 5810 Inman Park Circle  
Apt. 110

City State Zip Code  
Bethesda MD 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Frames by Rebecca Framer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 28 / 2007

Transaction ID: 2230490

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patricia Glaude

Mailing Address PO Box 3204

City State Zip Code  
Hayward CA 94540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US Postal Service Postal 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  
03 / 29 / 2007

Transaction ID: 2230703

Amount of Each Receipt this Period  
20.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Margaret A. Moody

Mailing Address 3103 Moblely Street

City State Zip Code  
San Diego CA 92123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 23 / 2007

Transaction ID: 2229350

Amount of Each Receipt this Period  
100.00

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 1985 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mark Benard Mailing Address P.O. Box 19350 City State Zip Code New Orleans LA 70179 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007 <b>Transaction ID: 2228543</b> Amount of Each Receipt this Period 100.00 Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Tulane University 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) Ms. Ruth Iwano Mailing Address 175 W 93rd Apt Apt 9E City State Zip Code New York NY 10025 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007 <b>Transaction ID: 2222878</b> Amount of Each Receipt this Period 100.00 Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Disney Editor 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. Sarah Hancock Mailing Address 31 Summit Rd City State Zip Code Belmont MA 02478 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007 <b>Transaction ID: 2230913</b> Amount of Each Receipt this Period 500.00 Gabby Giffords 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 1986 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Margaret M. Barrett		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 58 Upper Lake Shore Drive		<b>Transaction ID:</b> 2223900	
City State Zip Code Katonah NY 10536		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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. Elizabeth Byrne Schill		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 231-05 87th Avenue		<b>Transaction ID:</b> 2223027	
City State Zip Code Queens Village NY 11427		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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. Ruth Peace		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address P.O. Box 23		<b>Transaction ID:</b> 2222802	
City State Zip Code Carmel Valley CA 93924		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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 1987 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 McCully

Mailing Address 282 Woodlawn Terrace

City State Zip Code  
Bamberg SC 29003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 23 / 2007

Transaction ID: 2229638

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. James M. Gamble

Mailing Address 320 West 19th St., #3B

City State Zip Code  
New York NY 10011

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  
03 / 15 / 2007

Transaction ID: 2224291

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Matthews

Mailing Address PO Box 10553

City State Zip Code  
Fairbanks AK 99710

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 21 / 2007

Transaction ID: 2228951

Amount of Each Receipt this Period  
100.00

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 1988 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Annie McGreevy

Mailing Address P.O. Box 207

City State Zip Code  
Sonoita AZ 85637

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Nuclear Weapons Freeze Volunteer-Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2007

**Transaction ID:** 2224414

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Eva Jane R. Coombe

Mailing Address 6 Corbin Drive

City State Zip Code  
Cincinnati OH 45208

FEC ID number of contributing 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  
03 / 14 / 2007

**Transaction ID:** 2223985

Amount of Each Receipt this Period  
250.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. David Petrig

Mailing Address 1721 Saulter Road

City State Zip Code  
Homewood AL 35209

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  
03 / 16 / 2007

**Transaction ID:** 2227798

Amount of Each Receipt this Period  
20.00

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 1989 / 2428
	<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. Jean W. Smith

Mailing Address P.O. Box 251

City State Zip Code  
Sonoita AZ 85637

FEC ID number of contributing 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  
03 / 26 / 2007

Transaction ID: 2230018

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Margaret C. Phelan

Mailing Address 604 Juanita Avenue

City State Zip Code  
Millbrae CA 94030

FEC ID number of contributing 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  
03 / 16 / 2007

Transaction ID: 2224585

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elnor Malinowski

Mailing Address 13 Peacock Court

City State Zip Code  
San Rafael CA 94901

FEC ID number of contributing 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  
03 / 19 / 2007

Transaction ID: 2228040

Amount of Each Receipt this Period  
100.00

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 1990 / 2428
	<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. 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  
MM / DD / YYYY  
03 / 23 / 2007

Transaction ID: 2229540

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Elaine A. Bridges

Mailing Address P.O. Box 3605

City State Zip Code  
San Angelo TX 76902

FEC ID number of contributing 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  
03 / 20 / 2007

Transaction ID: 2228470

Amount of Each Receipt this Period  
500.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Anna May Timmons

Mailing Address P.O. Box 428

City State Zip Code  
Mackinac Island MI 49757

FEC ID number of contributing 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  
03 / 22 / 2007

Transaction ID: 2229111

Amount of Each Receipt this Period  
250.00

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 1991 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Olga F. Dworkin		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 31401 Stonewood Court West		<b>Transaction ID:</b> 2223885	
City State Zip Code Farmington Hills MI 48334		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Deworth Investment Co. Occupation Sec. Management		<b>[MEMO 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. Geraldine E. Merrill		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address House County Road 830 # 17702		<b>Transaction ID:</b> 2230494	
City State Zip Code Trinidad CO 81082		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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. Gregory A Fowler		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address P.O. Box 390689		<b>Transaction ID:</b> 2229731	
City State Zip Code Mountain View CA 94039		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer none 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) ..... ▶	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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. Cyrus W. Banning		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address P.O. Box 397		Transaction ID: 2223165	
City State Zip Code Gambier OH 43022		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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. Joyce Tigner		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 100 Regional Court 1C		Transaction ID: 2228701	
City State Zip Code Flemington NJ 08822		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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	

C. Full Name (Last, First, Middle Initial) Ms. Frances G Pepper		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 233 Oliver Road		Transaction ID: 2224384	
City State Zip Code Cincinnati OH 45215		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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 1993 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Melita H. Moore		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 10 Loeffler Road		<b>Transaction ID:</b> 2227564	
City State Zip Code Bloomfield CT 06002		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Anita Siegenthaler		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address P.O. Box 336		<b>Transaction ID:</b> 2224298	
City State Zip Code Pt. Clyde ME 04855		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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. Patricia P Voelz		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 3055 Bentwater Dr		<b>Transaction ID:</b> 2224822	
City State Zip Code Montgomery TX 77356		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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 1994 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Susanne Woods</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 17273 La Brisa Lane		<b>Transaction ID: 2228601</b>	
City State Zip Code Sugarloaf Shores FL 33042	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer Occupation Wheaton College, MA 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. Mr. Benjamin Lee Bird</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address P.O. Box 356		<b>Transaction ID: 2222839</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	Gabby Giffords 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. Mr. Andrew W Brainerd</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 612 Deming Place		<b>Transaction ID: 2229435</b>	
City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Gabby Giffords Contributions		
Name of Employer 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 1995 / 2428
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Boyer Jarvis

Mailing Address 2357 Blaine Avenue

City State Zip Code  
Salt Lake City UT 84108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

**Transaction ID: 2227764**

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Olivia Quijano

Mailing Address 1738 County Hwy 29

City State Zip Code  
Oneonta AL 35121

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

**Transaction ID: 2227683**

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Marilyn P. Hollinshead

Mailing Address P.O. Box 3000-3122

City State Zip Code  
WestTisbury MA 02575

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2007

**Transaction ID: 2229495**

Amount of Each Receipt this Period  
100.00

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 1996 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

A. Full Name (Last, First, Middle Initial) Ms. Carin M. Green		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1268 Chamberlain Drive		Transaction ID: 2224615	
City Iowa City	State IA	Amount of Each Receipt this Period 25.00	
Zip Code 52240		Gabby Giffords Contributions	
FEC ID number of contributing federal political committee. C		[MEMO ITEM] MEMO	
Name of Employer University of Iowa	Occupation Professor		
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. John Morrill		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 316 S. Irving Street		Transaction ID: 2222946	
City Arlington	State VA	Amount of Each Receipt this Period 50.00	
Zip Code 22204		Gabby Giffords Contributions	
FEC ID number of contributing federal political committee. C		[MEMO ITEM] MEMO	
Name of Employer Energy-Efficient Economy	Occupation Manager/Analyst		
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. Madeleine Littman		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 175 Richdale Avenue, # 114		Transaction ID: 2223191	
City Cambridge	State MA	Amount of Each Receipt this Period 10.00	
Zip Code 02140		Gabby Giffords Contributions	
FEC ID number of contributing federal political committee. C		[MEMO ITEM] MEMO	
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 ▼ 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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Clara G. Schiffer

Mailing Address 3125 Patterson Street, N.W.

City Washington State DC Zip Code 20015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 13 / 2007

Transaction ID: 2223143

Amount of Each Receipt this Period  
75.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. James E. Kline

Mailing Address 1500 Sheridan Road Apt. 5G

City Wilmette State IL Zip Code 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 14 / 2007

Transaction ID: 2223890

Amount of Each Receipt this Period  
500.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Lloyd V Blankenship

Mailing Address 3122 No. Sheridan Road # 1B

City Chicago State IL Zip Code 60607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 29 / 2007

Transaction ID: 2230908

Amount of Each Receipt this Period  
100.00

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 1998 / 2428
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Richard H. Goodwin

Mailing Address P.O. Box 2040

City State Zip Code  
Salem CT 06420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 14 / 2007

**Transaction ID: 2223968**

Amount of Each Receipt this Period  
125.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Suzanne Barnett

Mailing Address P.O. Box 50

City State Zip Code  
Nazareth KY 40048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 30 / 2007

**Transaction ID: 2231242**

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Saralyn Daly

Mailing Address 6211 Gyral Drive

City State Zip Code  
Tujunga CA 91042

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 14 / 2007

**Transaction ID: 2224113**

Amount of Each Receipt this Period  
100.00

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 1999 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Stanley Bier Mailing Address P.O. Box 192 City Colonia State NJ Zip Code 07067 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007 <b>Transaction ID: 2222754</b> Amount of Each Receipt this Period 75.00 Gabby Giffords 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. Darlene M. Clements Mailing Address 319 Montfort Drive City San Antonio State TX Zip Code 78216 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007 <b>Transaction ID: 2224069</b> Amount of Each Receipt this Period 100.00 Gabby Giffords 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. Linda Golodner Mailing Address 1739 Q Street, N.W. 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 03 / 13 / 2007 <b>Transaction ID: 2222925</b> Amount of Each Receipt this Period 50.00 Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Nat'l Consumers League Consumer Advocate 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 2000 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Roni V. Gurland		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 11 Riverside Drive, # 5F-W		Transaction ID: 2222958	
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>		Gabby Giffords Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sarah Jones		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address P.O. Box 186		Transaction ID: 2229081	
City State Zip Code Riderwood MD 21139	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Investor	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary A. Thomas		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address P.O. Box 598		Transaction ID: 2229654	
City State Zip Code Quincy FL 32353	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
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 / 2428
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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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. WKirk Avery		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address PO Box 411 (Mail)		Transaction ID: 2230052
City Bridgewater	State MA	Zip Code 02324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Retired Coll Tchr	Occupation Current (SAG) Performer	Gabby Giffords Contributions  <b>[MEMO 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 Seher		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 310 11th Avenue SE		Transaction ID: 2224779
City Jamestown	State ND	Zip Code 58401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation Retired	Gabby Giffords Contributions  <b>[MEMO 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. Shirley Kalb		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 1255 North Avenue		Transaction ID: 2227738
City New Rochelle	State NY	Zip Code 10804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Hadassah 50W.58 NY	Occupation Administrator	Gabby Giffords Contributions  <b>[MEMO 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 2002 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 Siedman

Mailing Address 12 Lomita Drive

City State Zip Code  
Mill Valley CA 94941

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  
03 / 14 / 2007

Transaction ID: 2223862

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Patrick Falvey

Mailing Address P.O. Box 1211

City State Zip Code  
Greenfield MA 01302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
M DeMatteo Construction union carpenter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223020

Amount of Each Receipt this Period  
50.00

Gabby Giffords 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  
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  
03 / 20 / 2007

Transaction ID: 2228642

Amount of Each Receipt this Period  
100.00

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 2003 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Masters		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address P.O. Box 106		<b>Transaction ID:</b> 2229126
City State Zip Code Ancramdale NY 12503	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. Joan Bramick		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 32 Childsworth Avenue		<b>Transaction ID:</b> 2229361
City State Zip Code Bernardsville NJ 07924	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions	
Name of Employer Occupation self 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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Lynette B. Reilly		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 12516 Davan Drive		<b>Transaction ID:</b> 2228532
City State Zip Code Silver Spring MD 20904	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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 2004 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Myers		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address P.O. Box 609		Transaction ID: 2229167
City State Zip Code Flagstaff AZ 86002	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. Amy L Lowrey		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007
Mailing Address 1502 Newning Avenue		Transaction ID: 2231161
City State Zip Code Austin TX 78704	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions	
Name of Employer Occupation Freelance 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. Dorothy G. White		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 6100 Westchester Park Drive Apt. 1417		Transaction ID: 2222786
City State Zip Code College Park MD 20740	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions	
Name of Employer Occupation Self CPA	<b>[MEMO 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 2005 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Wiskoff		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 307A Mar Vista Drive		Transaction ID: 2229150	
City Monterey      State CA      Zip Code 93940	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee.      C		Gabby Giffords 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. Ora Gelberg		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 170 Park Row, Apt. 8C		Transaction ID: 2229643	
City New York      State NY      Zip Code 10038	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee.      C		Gabby Giffords Contributions	
Name of Employer	Occupation REQUESTED	[MEMO ITEM] MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

C. Full Name (Last, First, Middle Initial) Ms. Claire B. Levine		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 307 South Dithridge Street Apt. 807		Transaction ID: 2228062	
City Pittsburgh      State PA      Zip Code 15213	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee.      C		Gabby Giffords 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 2006 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 Thomas

Mailing Address 9917 Queen Circle

City State Zip Code  
Bloomington MN 55431

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 14 / 2007

Transaction ID: 2224088

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** 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 Pediatrics, 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 Y  
03 / 15 / 2007

Transaction ID: 2224388

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Emily Mason Kahn

Mailing Address 32 W 20th Street

City State Zip Code  
New York NY 10011

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  
03 / 13 / 2007

Transaction ID: 2222759

Amount of Each Receipt this Period  
250.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ► **0.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 R. Moorhouse

Mailing Address 632 Rolling Rock Rd

City State Zip Code  
Bloomfield MI 48304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-employed analyst

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224700

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Dianne D. Smith

Mailing Address 5705 E. Horseshoe Road

City State Zip Code  
Paradise Vly AZ 85253

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  
03 / 23 / 2007

Transaction ID: 2229345

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. John M Jevitts

Mailing Address 97 North Main Street

City State Zip Code  
West Hartford CT 06107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
student University of Connecticut

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2007

Transaction ID: 2231187

Amount of Each Receipt this Period  
15.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Smith

Mailing Address 6324 Morrowfield Ave

City State Zip Code  
Pittsburgh PA 15217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EDMC 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  
03 / 16 / 2007

**Transaction ID: 2227795**

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Elizabeth Duff

Mailing Address 24 Slape Avenue

City State Zip Code  
Salem NJ 08079

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 30 / 2007

**Transaction ID: 2231293**

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Phyllis A Kaufman

Mailing Address 33470 SW Chinook Plaza #181

City State Zip Code  
Scappoose OR 97056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 15 / 2007

**Transaction ID: 2224830**

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Garnet Gorin

Mailing Address 271 Cecelia Way

City State Zip Code  
Bel Tiburon CA 94920

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  
03 / 26 / 2007

Transaction ID: 2230073

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Peggy DiPaola

Mailing Address 1504 W. Exchange Street

City State Zip Code  
Akron OH 44313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Gojo Industries, Inc. Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222784

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elaine Magilner

Mailing Address 1251 Fairacres Road

City State Zip Code  
Jenkintown PA 19046

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  
03 / 16 / 2007

Transaction ID: 2224722

Amount of Each Receipt this Period  
50.00

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 2010 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input 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. Raymond O'Day		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 9510 Old Hyde Park Place		<b>Transaction ID:</b> 2228019
City State Zip Code Bradenton FL 34202	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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> Mr. Edgar Smith		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address P.O. Box 989 731 Marina Street		<b>Transaction ID:</b> 2223090
City State Zip Code Morro Bay CA 93443	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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> Ms. Karlyn Sugai		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 11 Landers Street		<b>Transaction ID:</b> 2228606
City State Zip Code San Francisco CA 94114	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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 2011 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Janet M McDaniel Mailing Address 951 Spencer City <u>Los Altos</u> State <u>CA</u> Zip Code <u>94024</u> 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>0</td><td>3</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: 2229554 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	3		2	0	0	7														
50.00																							
Name of Employer Intel corporation Occupation <u>Marketiing</u> 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. Patsy Rogers Mailing Address P.O. Box 616 City <u>New Suffolk</u> State <u>NY</u> Zip Code <u>11956</u> 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>0</td><td>3</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: 2231132 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	0		2	0	0	7														
100.00																							
Name of Employer Self Occupation <u>composer, teacher</u> 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. Joan P. Boegel Mailing Address 772 Oak Oval City <u>Mechanicsburg</u> State <u>PA</u> Zip Code <u>17007</u> 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>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2224031 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	4		2	0	0	7														
50.00																							
Name of Employer self Occupation <u>Housewife</u> 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 2012 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Marian Lee Edelstein</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 180 E. Pearson Street # 3801		<b>Transaction ID: 2228522</b>
City State Zip Code Chicago IL 60611		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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	

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert C. West</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 305 Nautilus Drive		<b>Transaction ID: 2224432</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>		Gabby Giffords Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Univ. of Wisconsin	Occupation professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Arax Hicks</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 170 Avenue C Apt 10C		<b>Transaction ID: 2222913</b>
City State Zip Code New York NY 10009		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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) ..... ▶	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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Elisabeth R Greco		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2007	
Mailing Address 6417 Kenhowe Drive		<b>Transaction ID:</b> 2219967	
City State Zip Code Bethesda MD 20817	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions		
Name of Employer Occupation IOMMP 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Joan Weeks		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 9420 Old Bonhomme Road		<b>Transaction ID:</b> 2224774	
City State Zip Code Saint Louis MO 63132	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions		
Name of Employer Occupation Unemployed	<b>[MEMO 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. Doris Bergen		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 642 Shultz Drive		<b>Transaction ID:</b> 2224256	
City State Zip Code Hamilton OH 45013	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions		
Name of Employer Occupation Miami 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 2014 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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. Suanne M. Dullard, D.D.S. Mailing Address PO Box 14 City State Zip Code Bigfork MN 56628 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007 <b>Transaction ID: 2229509</b> Amount of Each Receipt this Period 25.00 Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Northland Dental Occupation Dentist 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. Shirley Saturensky Mailing Address 3041 Grant Avenue City State Zip Code Costa Mesa CA 92626 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007 <b>Transaction ID: 2222906</b> Amount of Each Receipt this Period 25.00 Gabby Giffords 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	

C. Full Name (Last, First, Middle Initial) Mr. James L. Pettee Mailing Address 3200 Baker Circle Unit I217 City State Zip Code Adamstown MD 21710 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007 <b>Transaction ID: 2228534</b> Amount of Each Receipt this Period 25.00 Gabby Giffords 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 2015 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Hamper		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 1300 Burrows Rd		<b>Transaction ID:</b> 2229438	
City State Zip Code Campbell CA 95008	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. William D. Halverstadt		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 6420 Old Settlers Road		<b>Transaction ID:</b> 2224283	
City State Zip Code Hamel MN 55340	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. Margaret C. Bisberg		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1506 S. Courtland Avenue		<b>Transaction ID:</b> 2227785	
City State Zip Code Park Ridge IL 60068	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords Contributions		
Name of Employer Occupation Revenue Agent	<b>[MEMO 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 2016 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Ilene M. Sittler

Mailing Address 930 Trosper Road SW Spc 134

City Turnwater State WA Zip Code 98512

FEC ID number of contributing 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  
03 / 28 / 2007

Transaction ID: 2230455

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Miriam W. Schulman

Mailing Address 645 Tualitan Road

City Los Angeles State CA Zip Code 90049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation SELF Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2007

Transaction ID: 2224576

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary E. Mostaghim

Mailing Address 304 Pineridge Street

City Ann Arbor State MI Zip Code 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 ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2007

Transaction ID: 2222774

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. Peter B. Meyer

Mailing Address 3205 Huntersridge Lane

City State Zip Code  
Taylor Mill KY 41015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Louisville Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2007

Transaction ID: 2229550

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Joanne Leadley

Mailing Address 343 Thurman Avenue

City State Zip Code  
West Berlin NJ 08091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NJ Builders Assoc. Planner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

Transaction ID: 2231294

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Janice E. Adams

Mailing Address PO Box 1053

City State Zip Code  
Kingston WA 98346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2007

Transaction ID: 2220204

Amount of Each Receipt this Period  
50.00

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 2018 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Joseph West Mailing Address 3438 S MacGregor Way City Houston State TX Zip Code 77021 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007 <b>Transaction ID:</b> 2224155 Amount of Each Receipt this Period 25.00 Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer TX Southern Univer. Occupation Librarian 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. Abby Stitt Mailing Address 9229 Village Glen Drive Unit 132 City San Diego State CA Zip Code 92123 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007 <b>Transaction ID:</b> 2224680 Amount of Each Receipt this Period 50.00 Gabby Giffords 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) Rev. Diane Brelford Mailing Address 11 W Aloha St Apt 604 City Seattle State WA Zip Code 98119 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2007 <b>Transaction ID:</b> 2229133 Amount of Each Receipt this Period 50.00 Gabby Giffords 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 2019 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. Clyde E Shorey, Jr.

Mailing Address 3033 West Lane Keys NW

City State Zip Code  
Washington DC 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

Transaction ID: 2224418

Amount of Each Receipt this Period  
250.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Michael Litt

Mailing Address 92 Wheatherstone Pl.

City State Zip Code  
Lake Oswego OR 97035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Oregon Health & Science Univ. Prof. 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  
03 / 03 / 2007

Transaction ID: 2219908

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Caroline R. DeOlden

Mailing Address 16825 SW Chinook Drive

City State Zip Code  
Crooked River Ranc OR 97760

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 29 / 2007

Transaction ID: 2230720

Amount of Each Receipt this Period  
25.00

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 2020 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Hannah L. Donigan

Mailing Address 630 W Commerce Road

City Commerce State MI Zip Code 48382

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 23 / 2007

Transaction ID: 2229545

Amount of Each Receipt this Period  
10.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jane Clewe

Mailing Address 1032 Junipero Avenue

City Long Beach State CA Zip Code 90804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Computer Programmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 16 / 2007

Transaction ID: 2224625

Amount of Each Receipt this Period  
20.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ann K. Ganesan

Mailing Address 102 Santa Maria Avenue

City Portola Valley State CA Zip Code 94028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Research Scientist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 19 / 2007

Transaction ID: 2228044

Amount of Each Receipt this Period  
100.00

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 2021 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Alice C. Katzung		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 65 Knoll Road		<b>Transaction ID:</b> 2223080	
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>	Gabby Giffords 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. Frances P. Hanners		Date of Receipt M M / D D / Y Y Y Y Y 03 / 19 / 2007	
Mailing Address 3007 Plymouth Drive		<b>Transaction ID:</b> 2228080	
City State Zip Code Bellingham WA 98225	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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> Prof. Thomas A. Madden		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007	
Mailing Address 9130 Kedvale Avenue		<b>Transaction ID:</b> 2223866	
City State Zip Code Skokie IL 60076	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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 2022 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Jeannette Ross		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 3000 Galloway Ridge Apt. B305		Transaction ID: 2223069
City State Zip Code Pittsboro NC 27312	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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. Ann Cerney		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 900 W. Vine Street		Transaction ID: 2222979
City State Zip Code Lodi CA 95240	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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 Attorney Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Steve Krieg		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 166 27th Avenue		Transaction ID: 2229333
City State Zip Code San Francisco CA 94121	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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) ..... ▶	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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 B. Waggoner		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 900 Universtiy Street, # B-W		Transaction ID: 2223130	
City State Zip Code Seattle WA 98101	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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> Mr. David M. Gay		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 900 Sierra PI SE		Transaction ID: 2227607	
City State Zip Code Albuquerque NM 87108	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. Marjorie E. Vanek		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 10241 York Road		Transaction ID: 2228929	
City State Zip Code N. Royalton OH 44133	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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 2024 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Karla Brooks Baehr

Mailing Address 9 Stephen Place

City State Zip Code  
Newton MA 02461

FEC ID number of contributing federal political committee. **C**

Name of Employer  
City of Lowell, MA

Occupation  
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  
03 / 23 / 2007

Transaction ID: 2229395

Amount of Each Receipt this Period  
250.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter L. Zavon

Mailing Address 30 Woodline Drive

City State Zip Code  
Penfield NY 14526

FEC ID number of contributing federal political committee. **C**

Name of Employer  
REQUESTED

Occupation  
Industrial Hygienist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

Transaction ID: 2231244

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Emily Rankin

Mailing Address 9 Schuyler Lane

City State Zip Code  
Bloomfield CT 06002

FEC ID number of contributing federal political committee. **C**

Name of Employer  
REQUESTED

Occupation  
REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2227566

Amount of Each Receipt this Period  
50.00

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 2025 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Kerry Costello		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 9 Rambler Road		<b>Transaction ID:</b> 2224560
City State Zip Code Jamaica Plain MA 02130	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Town of Andover	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. Christine Sellge		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 30 Copper Beech Road		<b>Transaction ID:</b> 2224693
City State Zip Code Greenwich CT 06830	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Elizabeth M. Sherman		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 245 E. 93rd Street, Apt. 18B		<b>Transaction ID:</b> 2231311
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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) ..... ▶	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 2026 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. Steve Hegeman

Mailing Address PO Box 367

City State Zip Code  
Bonita Springs FL 34133

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 19 / 2007

Transaction ID: 2228158

Amount of Each Receipt this Period  
100.00

Gabby Giffords 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  
03 / 23 / 2007

Transaction ID: 2229351

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Harriet Russell

Mailing Address 6571 Edwood

City State Zip Code  
Cincinnati OH 45224

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

Transaction ID: 2224426

Amount of Each Receipt this Period  
100.00

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 2027 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Abraham Spector

Mailing Address 89 Hemlock Drive

City Farmingdale State NY Zip Code 11735

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224666

Amount of Each Receipt this Period  
12.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jennifer N. Kleckner

Mailing Address 1855 Cowper Street

City Palo Alto State CA Zip Code 94301

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  
03 / 23 / 2007

Transaction ID: 2229594

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Estelle C. Jones

Mailing Address 3 Stanwich Lane

City Greenwich State CT Zip Code 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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223106

Amount of Each Receipt this Period  
50.00

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 2028 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Jane L. Godfrey		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 7400 Birch Ave		<b>Transaction ID:</b> 2220223	
City State Zip Code Takoma Park MD 20912		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Occupation International Monetary Fund HR Professional		<b>[MEMO 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. Michael J. Tsuk		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2007	
Mailing Address 66 Iroquois Road		<b>Transaction ID:</b> 2230098	
City State Zip Code Arlington MA 02476		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Occupation Ansoft Corp. Scientist		<b>[MEMO 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. Janet Eaton		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 1235 Marriottsville Road		<b>Transaction ID:</b> 2224286	
City State Zip Code Marriottsville MD 21104		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords 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 2029 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Richard E Quandt

Mailing Address 162 Springdale Road

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 Y  
03 / 16 / 2007

Transaction ID: 2224746

Amount of Each Receipt this Period  
100.00

Gabby Giffords 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  
03 / 28 / 2007

Transaction ID: 2230458

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary Lee Bretz

Mailing Address PO Box 484

City State Zip Code  
Eastport MI 49627

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rutgers 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  
03 / 21 / 2007

Transaction ID: 2228871

Amount of Each Receipt this Period  
50.00

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 2030 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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. David B. Lowry</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 3580 Shaw Avenue, Apt. 627		<b>Transaction ID: 2229168</b>
City State Zip Code Cincinnati OH 45208	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. Mr. William B. Kash</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 33 Green Acre Lane		<b>Transaction ID: 2229187</b>
City State Zip Code Westport CT 06880	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. Mr. Nelson L. Haggerson, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address PO Box 24177		<b>Transaction ID: 2220354</b>
City State Zip Code Tempe AZ 85285	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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 2031 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Chaffee		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007	
Mailing Address 248 East 7th Street		<b>Transaction ID:</b> 2231137	
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>		Gabby Giffords Contributions	
Name of Employer City of New York	Occupation Civil Servant	<b>[MEMO 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. Idell Weydemeyer		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 877 N Rancho Road		<b>Transaction ID:</b> 2230057	
City State Zip Code El Sobrante CA 94803	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer State of California	Occupation Economic 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>C.</b> Ms. Kimberly Perry		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 665 S Skinker Blvd Apt. 23D		<b>Transaction ID:</b> 2229117	
City State Zip Code Saint Louis MO 63105	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Solutra Inc.,	Occupation 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 Reinhard		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 87 Bridge Street		<b>Transaction ID:</b> 2228647
City State Zip Code Medfield MA 02052	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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. Lorin C. Spencer		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 1613 Sawgrass Drive		<b>Transaction ID:</b> 2230439
City State Zip Code Upland CA 91784	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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> Dr. Floyd L Judd		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 8697N TalladegaWay		<b>Transaction ID:</b> 2223931
City State Zip Code Fresno CA 93720	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Gabby Giffords 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 2033 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 A. Densmore

Mailing Address 67 Crosslands Drive

City State Zip Code  
Kennett Square PA 19348

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 14 / 2007

Transaction ID: 2223836

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Linda Greene

Mailing Address 3300 East Delhi

City State Zip Code  
Ann Arbor MI 48103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self 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  
03 / 20 / 2007

Transaction ID: 2228662

Amount of Each Receipt this Period  
50.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joy Haupt

Mailing Address 854 Rue De La Paix Apt B10

City State Zip Code  
Cincinnati OH 45220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 29 / 2007

Transaction ID: 2230778

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Jennifer G. Allred		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 3310 Oakwood Street		<b>Transaction ID:</b> 2220353	
City State Zip Code Salt Lake City UT 84109		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Occupation Granite School District 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>B.</b> Full Name (Last, First, Middle Initial) Mr. David R. Daniel		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 16120 Rancho Del Lago		<b>Transaction ID:</b> 2224834	
City State Zip Code moreno valley CA 92551		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Occupation Prudential California Realty Realtor		<b>[MEMO 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. Susanna Davison		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 1301 Irving Avenue		<b>Transaction ID:</b> 2229092	
City State Zip Code Wheaton IL 60187		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Gabby Giffords Contributions	
Name of Employer Occupation Health Dept. Nursing 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 2035 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 Swidler Mailing Address 2964 Magnolia City Berkeley State CA Zip Code 94705 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007 <b>Transaction ID: 2223099</b> Amount of Each Receipt this Period 100.00 Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Univ. of CA, Berkley 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) Ms. Lucinda R. Soule Mailing Address PO Box 692531 City Stockton State CA Zip Code 95269 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2227545</b> Amount of Each Receipt this Period 35.00 Gabby Giffords 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>C.</b> Full Name (Last, First, Middle Initial) Mrs. Cele S Keeper Mailing Address 2929 Buffalo Speedway #203 City Houston State TX Zip Code 77098 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007 <b>Transaction ID: 2230540</b> Amount of Each Receipt this Period 100.00 Gabby Giffords 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 2036 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Kathleen S Crittenden

Mailing Address 820 S. Morgan Street, # 2

City State Zip Code  
Chicago IL 60607

FEC ID number of contributing 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  
03 / 16 / 2007

Transaction ID: 2224743

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Gloria J. Fulcher

Mailing Address 2925 Roanoke Court

City State Zip Code  
Bakersfield CA 93306

FEC ID number of contributing 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  
03 / 21 / 2007

Transaction ID: 2228854

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Helen B. Cahn

Mailing Address 730 Camino Mirada

City State Zip Code  
Santa Fe NM 87505

FEC ID number of contributing 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  
03 / 16 / 2007

Transaction ID: 2224443

Amount of Each Receipt this Period  
250.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ► 0.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Caryle Miller

Mailing Address 8132 Keeler Street

City State Zip Code  
Alexandria VA 22309

FEC ID number of contributing federal political committee. **C**

Name of Employer DOE 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  
03 / 13 / 2007

Transaction ID: 2222922

Amount of Each Receipt this Period  
200.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Emilie Simpson

Mailing Address 675 Harding Place Apt F4

City State Zip Code  
Nashville TN 37211

FEC ID number of contributing federal political committee. **C**

Name of Employer Genesco Inc Occupation Accountant Payable Clerk

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223158

Amount of Each Receipt this Period  
20.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. AnneMarie Sapko

Mailing Address PSC 115 - Box 1019

City State Zip Code  
APO AE 09213

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  
03 / 28 / 2007

Transaction ID: 2230552

Amount of Each Receipt this Period  
25.00

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 2038 / 2428
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Leona Sobel Mailing Address 19 Quinine Hill City Columbia State SC Zip Code 29204 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007 <b>Transaction ID: 2222893</b> Amount of Each Receipt this Period 25.00 Gabby Giffords 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. Barbara Crain Mailing Address 2905 Bliss Avenue City Clovis State CA Zip Code 93611 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007 <b>Transaction ID: 2228507</b> Amount of Each Receipt this Period 100.00 Gabby Giffords Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Unilab Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Cytotechnologist Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Margaret Skipper Mailing Address 951 W. Orange Grove # 58101 City Tucson State AZ Zip Code 85704 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2227619</b> Amount of Each Receipt this Period 100.00 Gabby Giffords 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 2039 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Thibodo

Mailing Address 160 White Hollow Road

City State Zip Code  
Sharon CT 06069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 13 / 2007

Transaction ID: 2223012

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** 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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 28 / 2007

Transaction ID: 2230440

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Patricia E. Eames

Mailing Address 3300 Darby Rd Apt 5313

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  
03 / 13 / 2007

Transaction ID: 2222911

Amount of Each Receipt this Period  
100.00

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 2040 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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 Thornton

Mailing Address 8 Windsor Place

City State Zip Code  
Mebane NC 27302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 13 / 2007

Transaction ID: 2223153

Amount of Each Receipt this Period  
200.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Miss Iris A. Gruwell

Mailing Address 290 Stoneykirk Dr

City State Zip Code  
Bella Vista AR 72715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 16 / 2007

Transaction ID: 2227774

Amount of Each Receipt this Period  
25.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Pamela A. Marino

Mailing Address 8 Mills Rd

City State Zip Code  
Gaithersburg MD 20877

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NIGMS NIH gov. Program Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 16 / 2007

Transaction ID: 2227804

Amount of Each Receipt this Period  
25.00

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 2041 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 N. Pantaleoni

Mailing Address 18 Deshon Avenue

City State Zip Code  
Bronxville NY 10708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229112

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Betty Bengtson

Mailing Address 1280 E. Paseo Pavon

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  
03 / 16 / 2007

Transaction ID: 2227725

Amount of Each Receipt this Period  
100.00

Gabby Giffords Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Janet Enslin

Mailing Address 8 Brookridge Lane

City State Zip Code  
Newark DE 19711

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  
03 / 19 / 2007

Transaction ID: 2228092

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 2042 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Wanee Butler

Mailing Address 795 Newland Court

City State Zip Code  
Boulder CO 80303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 14 / 2007

Transaction ID: 2224003

Amount of Each Receipt this Period  
200.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Carol Triebel

Mailing Address 2829 Nottingham

City State Zip Code  
Houston TX 77005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Shell 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  
03 / 16 / 2007

Transaction ID: 2227812

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ina M Ayliffe

Mailing Address 15905 Bent Tree Forest Cr.  
1025

City State Zip Code  
Dallas TX 75248

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 05 / 2007

Transaction ID: 2220138

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 2043 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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 Fitzpatrick		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 7901 Seminole Blvd. Apt. 1302		<b>Transaction ID:</b> 2224074
City State Zip Code Seminole FL 33772	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	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Marleigh Fletcher		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address 785 E. Courtney Lane		<b>Transaction ID:</b> 2220249
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>	Hillary Clinton Contributions	
Name of Employer Occupation Intel Corporation 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> Ms. Patricia F. Shanks		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 783 Contra Costa Avenue		<b>Transaction ID:</b> 2224536
City State Zip Code Berkeley CA 94707	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 2044 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 J. Yamada		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 6915 Blaisdell Road		Transaction ID: 2223148
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>	Hillary Clinton Contributions	
Name of Employer Self Occupation Scientist	<b>[MEMO 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. Ann Keim		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 279 Locke Heights Road		Transaction ID: 2228548
City State Zip Code Bangor PA 18013	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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Jean Walker		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 2770 Mackintosh Lane		Transaction ID: 2222897
City State Zip Code Bloomfield MI 48302	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>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Miriam Dittenhafer		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 7777 N. Wickham Road, # 12 PMB 401		Transaction ID: 2230030
City State Zip Code Melbourne FL 32940	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Brevard Community Coll.	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. Richy Stroud		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address 15838 Fleetwood Oaks Drive		Transaction ID: 2227612
City State Zip Code Houston TX 77079	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 Stroud Systems, Inc.	Occupation President	
Receipt For: <input 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. Robert D. Schwartz		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address 2753 W. Bonnie Brook Lane		Transaction ID: 2224572
City State Zip Code Waukegan IL 60087	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 Abbott Labs	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 2046 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Melissa J. Anderson		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 1581 Laraway Lake Drive SE		Transaction ID: 2228922
City State Zip Code Grand Rapids MI 49546	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer IRN Inc Occupation Business 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> Mrs. Anne H. Taylor		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 275 Steele Road, Apt. B109		Transaction ID: 2222780
City State Zip Code West Hartford CT 06117	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 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. Veronica J Johnson		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 7600 Cat Tail Cove		Transaction ID: 2224478
City State Zip Code Austin TX 78750	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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (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 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 H. Stone

Mailing Address 759 Orchard Court

City State Zip Code  
Louisville CO 80027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 15 / 2007

Transaction ID: 2224322

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. John Bagsby

Mailing Address 7539 Dittmer Road

City State Zip Code  
Dittmer MO 63023

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  
03 / 14 / 2007

Transaction ID: 2223919

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen Ucinski

Mailing Address 157 Oceanview

City State Zip Code  
La Selva Beach CA 95076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
diamond organics vice 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  
03 / 06 / 2007

Transaction ID: 2220252

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 2048 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. Nancy P Moore

Mailing Address 109 Briarwood Rd

City State Zip Code  
Spartanburg SC 29301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 20 / 2007

Transaction ID: 2228621

Amount of Each Receipt this Period  
200.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Janet Sparrow

Mailing Address 7503 Kepley Road

City State Zip Code  
Chapel Hill NC 27551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 15 / 2007

Transaction ID: 2224274

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Margarita Horner

Mailing Address 2705 Mountain View Drive # 222

City State Zip Code  
La Verne CA 91750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 30 / 2007

Transaction ID: 2231291

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 2049 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Marcia C. Levens

Mailing Address 2671 S. Course Drive, Apt. 410

City Pompano Beach State FL Zip Code 33069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 23 / 2007

Transaction ID: 2229570

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ilene P. Jagatramcharran

Mailing Address 15500 SE 80th Avenue

City Summerfield State FL Zip Code 34491

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 16 / 2007

Transaction ID: 2224704

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Linda F. Schnorbus

Mailing Address 735 Rock Spring Road

City Bloomfield Hills State MI Zip Code 48304

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  
03 / 16 / 2007

Transaction ID: 2227547

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 2050 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Emily R. Hart

Mailing Address 1549 Markham

City Fayetteville State AR Zip Code 72701

FEC ID number of contributing federal political committee. **C**

Name of Employer Snell Pros & Orth Lab Occupation Receptionist/Office Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2007

Transaction ID: 2230465

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jennifer Gross

Mailing Address 265 Wyoming Street West

City Saint Paul State MN Zip Code 55107

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  
03 / 21 / 2007

Transaction ID: 2228925

Amount of Each Receipt this Period  
500.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ethel A. Netburn

Mailing Address 122 Palmers Hill Road Apt. 2302

City Stamford State CT Zip Code 06902

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  
03 / 16 / 2007

Transaction ID: 2227730

Amount of Each Receipt this Period  
10.00

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 2051 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 Stankovich

Mailing Address 1088 23rd St. SE

City State Zip Code  
Minneapolis MN 55414

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Minnesota Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2007

Transaction ID: 2223961

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marjorie C. Bradford

Mailing Address 7206 River Crescent Drive

City State Zip Code  
Annapolis MD 21401

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  
03 / 13 / 2007

Transaction ID: 2222816

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Philip L. Reed

Mailing Address 2640 Woodridge Court, T43

City State Zip Code  
Placerville CA 95667

FEC ID number of contributing 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  
03 / 13 / 2007

Transaction ID: 2222905

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 2052 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Enagonio

Mailing Address 15311 Pine Orchard Dr Apt 1E

City State Zip Code  
Silver Spring MD 20906

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 23 / 2007

Transaction ID: 2229656

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jacqueline J. Goldberg

Mailing Address 718 Ridge Avenue

City State Zip Code  
Evanston IL 60202

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  
03 / 21 / 2007

Transaction ID: 2228952

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Pamela J Wilson

Mailing Address 15306 Tamaron Valley

City State Zip Code  
San Antonio TX 78253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
USAA Business 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  
03 / 13 / 2007

Transaction ID: 2222075

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 2053 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Marjorie Berns		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 2611 Costebelle Drive		Transaction ID: 2227743	
City State Zip Code La Jolla CA 92037	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton 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. Clarine Schmulker		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 7104 Thrasher Rd.		Transaction ID: 2224125	
City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton 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> Mrs. Nora Lee Fryxell		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 7010 45th Street Court NW		Transaction ID: 2227770	
City State Zip Code Gig Harbor WA 98335	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton 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		

<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 2054 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Liston

Mailing Address 10 East Ontario #1711

City Chicago State IL Zip Code 60611

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  
03 / 16 / 2007

Transaction ID: 2224703

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. David L. Wells

Mailing Address 7000 Steely Ridge Road

City Grizzly Flats State CA Zip Code 95636

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 16 / 2007

Transaction ID: 2224634

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Cynthia L. Killoran

Mailing Address 700 W. Fabyan Pkwy Apt. 114A

City Batavia State IL Zip Code 60510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 14 / 2007

Transaction ID: 2223944

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 2055 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas Tay

Mailing Address 1524 Wandering Way

City State Zip Code  
Harrisburg PA 17110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 13 / 2007

**Transaction ID: 2222835**

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Tamara Harris

Mailing Address 10175 Sunstar Road

City State Zip Code  
Monterey CA 93940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

**Transaction ID: 2224649**

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

**Transaction ID: 2222775**

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 2056 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Jacqueline Bergen

Mailing Address 70 W. Burton Place

City State Zip Code  
Chicago IL 60610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224726

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Alma Raab

Mailing Address 70 Maine Avenue # 7

City State Zip Code  
Rockville Centre NY 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 Y  
03 / 13 / 2007

Transaction ID: 2223179

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Randall Abbott

Mailing Address 1524 Seven Pines Road Apt. G

City State Zip Code  
Springfield IL 62704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Abbott Law Off. 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  
03 / 13 / 2007

Transaction ID: 2223139

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 2057 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Jo Ann Byler

Mailing Address 1523 E. Woodland Drive

City State Zip Code  
Dalton Gardens ID 83815

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Womens Center Thrift Store

Occupation  
Saleswoman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224599

Amount of Each Receipt this Period  
8.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Emma M Rosow

Mailing Address 122 Green Way

City State Zip Code  
Wayland MA 01778

FEC ID number of contributing federal political committee. **C**

Name of Employer

Occupation  
Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2007

Transaction ID: 2230834

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Mary J. Clapper

Mailing Address 25888 Rancho Alto Drive

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  
03 / 23 / 2007

Transaction ID: 2229590

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 2058 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 H. Jackson		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 1211 Lexham Drive		<b>Transaction ID:</b> 2220185	
City State Zip Code Marietta GA 30068	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation Mercer 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. Catherine Sichenze		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 256 Tichenor Avenue		<b>Transaction ID:</b> 2223846	
City State Zip Code South Orange NJ 07079	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation Disabled	<b>[MEMO 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. Celia Sorkin		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 6910 108 Street		<b>Transaction ID:</b> 2228567	
City State Zip Code Forest Hills NY 11375	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	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>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 2059 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Hulmes Modero		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 15212 W Merrell Street		Transaction ID: 2224030	
City State Zip Code Goodyear AZ 85338	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 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> Dr. Robert Tartell		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 690 Hawthorne Street		Transaction ID: 2224323	
City State Zip Code West Hempstead NY 11552	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 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. Florence Wilson		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 1210 Petree Street,# 251		Transaction ID: 2222907	
City State Zip Code El Cajon CA 92020	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 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 2060 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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 Y 03 / 16 / 2007	
Mailing Address 69 High Road		<b>Transaction ID:</b> 2224479	
City State Zip Code Newbury MA 01951		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>B.</b> Full Name (Last, First, Middle Initial) Ms. Jill Austin		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2007	
Mailing Address 1516 Veranda Cir		<b>Transaction ID:</b> 2228973	
City State Zip Code Murfreesboro TN 37130		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 Middle TN State 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>C.</b> Full Name (Last, First, Middle Initial) Miss Frances Spence Smith		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007	
Mailing Address 685 Mayflower Road		<b>Transaction ID:</b> 2224114	
City State Zip Code Claremont CA 91711		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>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 2061 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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. Shirley V. Freeman

Mailing Address 724 Eaton Street

City State Zip Code  
Key West FL 33040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229144

Amount of Each Receipt this Period  
500.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara F. Tracy

Mailing Address 6847 Caminito Mundo Unit 13

City State Zip Code  
San Diego CA 92119

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  
03 / 21 / 2007

Transaction ID: 2228965

Amount of Each Receipt this Period  
50.00

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2007

Transaction ID: 2230441

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 2062 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Pamela Moore

Mailing Address 6768 Areca Blvd.

City State Zip Code  
Sarasota FL 34241

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 28 / 2007

Transaction ID: 2230553

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Emilie Simpson

Mailing Address 675 Harding Place  
Apt F4

City State Zip Code  
Nashville TN 37211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Genesco Inc Accountant Payable Clerk

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223156

Amount of Each Receipt this Period  
10.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lilly A. Gwilliam

Mailing Address 2519 Biltome Drive

City State Zip Code  
Alamo CA 94507

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  
03 / 16 / 2007

Transaction ID: 2227611

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 2063 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. Donna Brodd

Mailing Address 2508 Melaway Drive

City Richmond State VA Zip Code 23228

FEC ID number of contributing federal political committee. **C**

Name of Employer Commonwealth of VA Occupation Educational Administration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 2228492

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Laurie Rogen

Mailing Address 6715 102nd St Apt 3K

City Forest Hills State NY Zip Code 11375

FEC ID number of contributing federal political committee. **C**

Name of Employer Brookdale Hospital Occupation RN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 2231265

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Asherah Cinnamon

Mailing Address 25 Ledge Road

City South Portland State ME Zip Code 04106

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Social Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 2228618

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 2064 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Collins		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 1510 Bradley Avenue		<b>Transaction ID:</b> 2222928
City State Zip Code Rockville MD 20851	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	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Nancy G. Papa		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 121 Stacia Street		<b>Transaction ID:</b> 2230468
City State Zip Code Los Gatos CA 95030	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> Ms. Mary Purcell		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 10 Willowbrook Ave		<b>Transaction ID:</b> 2230460
City State Zip Code Lansdowne PA 19050	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 Volunteer	<b>[MEMO 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 2065 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 Herzberg

Mailing Address 713 N. Palm Drive

City State Zip Code  
Beverly Hills CA 90210

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  
03 / 16 / 2007

Transaction ID: 2224444

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Virginia Y. Blacklidge

Mailing Address 663 Coventry Road

City State Zip Code  
Kensington CA 94707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Psychiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223043

Amount of Each Receipt this Period  
500.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert Packer

Mailing Address 6601 Tennyson Street NE  
Apt. 3203

City State Zip Code  
Albuquerque NM 87111

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  
03 / 23 / 2007

Transaction ID: 2229401

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 2066 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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. Yves Kraus

Mailing Address 151 Atwoodville Road

City State Zip Code  
Mansfield Ctr CT 06250

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  
03 / 23 / 2007

Transaction ID: 2229611

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Tina M. Martin

Mailing Address 6601 Old Stage Road

City State Zip Code  
N. Bethesda MD 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Martin-Schaffer, Inc 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  
03 / 13 / 2007

Transaction ID: 2223150

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Dorothy Strickland

Mailing Address 245 W. Juanita Avenue

City State Zip Code  
Gilbert AZ 85233

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  
03 / 22 / 2007

Transaction ID: 2229184

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 2067 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Harriet Russell		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 6571 Edwood		<b>Transaction ID:</b> 2224425	
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>	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. Angela Elliston		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 656 Sunset Lane		<b>Transaction ID:</b> 2227643	
City State Zip Code East Lansing MI 48823	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> Ms. Jane L. Godfrey		Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2007	
Mailing Address 7400 Birch Ave		<b>Transaction ID:</b> 2220222	
City State Zip Code Takoma Park MD 20912	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 International Monetary Fund HR Professional	<b>[MEMO 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 2068 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 Rice Walker

Mailing Address 1201 Yale Palce Apt. 609

City State Zip Code  
Minneapolis MN 55403

FEC ID number of contributing 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  
03 / 13 / 2007

Transaction ID: 2223185

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Laura C. Casey

Mailing Address 2441 323rd Avenue NE

City State Zip Code  
Carnation WA 98014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
King County Senior Ecologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2007

Transaction ID: 2230452

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Victoria E. Watkins

Mailing Address 244 Madison Avenue, # 14E

City State Zip Code  
New York NY 10016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PIRA Energy Group Energy Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2007

Transaction ID: 2222863

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 2069 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 R. Bishop		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 6514 Willow Hill Court		Transaction ID: 2222854	
City State Zip Code Centerville OH 45459	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. Full Name (Last, First, Middle Initial) Ms. Margaret M. Poyatt		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 651 Vanderbilt Street #7L		Transaction ID: 2224618	
City State Zip Code Brooklyn NY 11218	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		

C. Full Name (Last, First, Middle Initial) Ms. Maryann Somerville		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 10110 Firwood Drive		Transaction ID: 2228057	
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>	Hillary Clinton Contributions		
Name of Employer Occupation Morgan Hills Scls. Educ. 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) ..... ▶	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 2070 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Bonnie Brownell

Mailing Address 2692 E. Highland Avenue # 42

City Highland State CA Zip Code 92346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 21 / 2007

Transaction ID: 2228966

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Karen J. Bopp

Mailing Address 6505 Lily Dhu Lane

City Falls Church State VA Zip Code 22044

FEC ID number of contributing federal political committee. **C**

Name of Employer self-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  
03 / 30 / 2007

Transaction ID: 2231302

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nancy Vandyke

Mailing Address 65 Main Avenue

City Sea Cliff State NY Zip Code 11579

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  
03 / 21 / 2007

Transaction ID: 2228885

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 2071 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Caroline Garcia

Mailing Address 244 Madison Avenue  
Apt. 14E

City State Zip Code  
New York NY 10016

FEC ID number of contributing federal political committee. **C**

Name of Employer NY Power Authority 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  
03 / 16 / 2007

Transaction ID: 2227818

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nancy Benda

Mailing Address 2430 Old Saint Augustine Rd

City State Zip Code  
Tallahassee FL 32301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 14 / 2007

Transaction ID: 2224139

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Dorothy M. Lewis

Mailing Address 2427 W. Nellie Sisson Road

City State Zip Code  
Morgantown IN 46160

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 16 / 2007

Transaction ID: 2227781

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 2072 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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 03 / 14 / 2007	
Mailing Address 1506 Willow Lane		<b>Transaction ID:</b> 2223932	
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>	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. Margaret Grissom		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 120 Martindale Dr.		<b>Transaction ID:</b> 2229164	
City State Zip Code Youngsville NC 27596	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 St. Mary's School 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		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Betty Wrigley		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 1070 W. Jefferson Street		<b>Transaction ID:</b> 2223018	
City State Zip Code Franklin IN 46131	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) ..... ▶	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 2073 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Doris Bergen		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 642 Shultz Drive		<b>Transaction ID:</b> 2224255	
City State Zip Code Hamilton OH 45013	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation Miami 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Joanne A. Hayne		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 24023 7th Place W.		<b>Transaction ID:</b> 2224148	
City State Zip Code Bothell WA 98021	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) Ms. Peggy DiPaola		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 1504 W. Exchange Street		<b>Transaction ID:</b> 2222783	
City State Zip Code Akron OH 44313	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation Gojo Industries, Inc. 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 2074 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Rebecca C. Young		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 639 Crandall Street		<b>Transaction ID:</b> 2224470	
City State Zip Code Madison WI 53711	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		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Frances Huffman		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 2400 Hoyt Street		<b>Transaction ID:</b> 2222845	
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>C.</b> Ms. Lucinda Dudley		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2007	
Mailing Address 10 Bray Wood Road		<b>Transaction ID:</b> 2229147	
City State Zip Code Williamsburg VA 23185	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		

<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 2075 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Jerry A. Ellis

Mailing Address 6336 Cotton Drive SE

City Olympia State WA Zip Code 98513

FEC ID number of contributing federal political committee. **C**

Name of Employer Washington State 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  
 03 / 14 / 2007

Transaction ID: 2223904

Amount of Each Receipt this Period  
 100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Judy Burns

Mailing Address 6336 Cotton Drive SE

City Olympia State WA Zip Code 98513

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
 03 / 13 / 2007

Transaction ID: 2223122

Amount of Each Receipt this Period  
 100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Debbie L Benner

Mailing Address 2400 Hillside Road

City Fairfield State CT Zip Code 06824

FEC ID number of contributing federal political committee. **C**

Name of Employer Winklevoss Technologies, LLC Occupation Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 18 / 2007

Transaction ID: 2224485

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 2076 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Genevieve S James

Mailing Address 12 N Meadowcroft Ave  
#A

City State Zip Code  
Pittsburgh PA 15216

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 05 / 2007

Transaction ID: 2220124

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen Smith

Mailing Address 6324 Morrowfield Ave

City State Zip Code  
Pittsburgh PA 15217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EDMC 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  
03 / 16 / 2007

Transaction ID: 2227794

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Elizabeth Duff

Mailing Address 24 Slape Avenue

City State Zip Code  
Salem NJ 08079

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 30 / 2007

Transaction ID: 2231292

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 2077 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Karen Nibbelink Lundy

Mailing Address 6306 35th Street N.

City State Zip Code  
Arlington VA 22213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MCI Telecommunications Program Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2007

**Transaction ID: 2229089**

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Dana Buske

Mailing Address 12 Martin Street

City State Zip Code  
Arlington MA 02474

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2007

**Transaction ID: 2222851**

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Hannah L. Donigan

Mailing Address 630 W Commerce Road

City State Zip Code  
Commerce MI 48382

FEC ID number of contributing 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  
03 / 23 / 2007

**Transaction ID: 2229542**

Amount of Each Receipt this Period  
10.00

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 2078 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Amy L Lowrey

Mailing Address 1502 Newning Avenue

City State Zip Code  
Austin TX 78704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Freelance Writer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2007

Transaction ID: 2231162

Amount of Each Receipt this Period  
500.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Lucille Celia Behrens

Mailing Address 63 South Lilburn Drive

City State Zip Code  
Garnerville NY 10923

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  
03 / 23 / 2007

Transaction ID: 2230091

Amount of Each Receipt this Period  
10.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sheila Jefferson

Mailing Address 10634 Holman Avenue, # 4

City State Zip Code  
Los Angeles CA 90024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hookstratten & Hookstratten Business Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224578

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 2079 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 H. Howell

Mailing Address 7745 Clarks Chapel Road

City Athens State OH Zip Code 45701

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  
03 / 13 / 2007

Transaction ID: 2222872

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Maria R. Tindall

Mailing Address 627 Catalina Drive

City Livermore State CA Zip Code 94550

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2224000

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Phyllis Pearce

Mailing Address 6256 Cameo Street

City Alta Loma State CA Zip Code 91701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229170

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 2080 / 2428
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 R. Epstein Mailing Address 625 N. Palm Drive City State Zip Code Beverly Hills CA 90210 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2227664</b> Amount of Each Receipt this Period 250.00 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. Mona Piontkowski Mailing Address 2384 Paseo Circulo City State Zip Code Tustin CA 92782 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007 <b>Transaction ID: 2224154</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>C.</b> Full Name (Last, First, Middle Initial) Ms. Cynthia V. Vester Mailing Address 6219 Hunter Street # 121 City State Zip Code Raleigh NC 27612 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007 <b>Transaction ID: 2231271</b> Amount of Each Receipt this Period 5.00 Hillary Clinton Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Nat'l. Assoc. of Peer Specialists President 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 2081 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Rita Taubenfeld

Mailing Address 6211 W Northwest Hwy Apt 1007

City State Zip Code  
Dallas TX 75225

FEC ID number of contributing 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  
03 / 16 / 2007

Transaction ID: 2224661

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Saralyn Daly

Mailing Address 6211 Gyral Drive

City State Zip Code  
Tujunga CA 91042

FEC ID number of contributing 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  
03 / 14 / 2007

Transaction ID: 2224112

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Odessa Morris

Mailing Address 237 16th Street SE

City State Zip Code  
Washington DC 20003

FEC ID number of contributing 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  
03 / 13 / 2007

Transaction ID: 2222949

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 2082 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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 Davis

Mailing Address 618 Ivy Street

City Carson City State NV Zip Code 89703

FEC ID number of contributing 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  
03 / 13 / 2007

Transaction ID: 2223097

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Shirley A. Lubin

Mailing Address 7820 Allengrove Street

City Downey State CA Zip Code 90240

FEC ID number of contributing federal political committee. **C**

Name of Employer Downey Unified School District Occupation Elementary Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2007

Transaction ID: 2230037

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary E Kelman

Mailing Address 1500 Sawyer Ave

City Manasquan State NJ Zip Code 08736

FEC ID number of contributing 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  
03 / 05 / 2007

Transaction ID: 2220131

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 2083 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2007

Transaction ID: 2224265

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ann M. Seidman

Mailing Address 610 S. Monroe Street

City State Zip Code  
Decatur IL 62522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 06 / 2007

Transaction ID: 2220231

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joanne Beckham

Mailing Address 6098 Willow Springs Dr

City State Zip Code  
Morrison CO 80465

FEC ID number of contributing federal political committee. **C**

Name of Employer Lockheed Martin 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 Y  
03 / 16 / 2007

Transaction ID: 2227762

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 2084 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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 Anne Hunter		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 604 Washington Square S #1502		Transaction ID: 2223199
City Philadelphia State PA Zip Code 19106	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 Hunter Landscape Design	Occupation Landscape Designer	
Receipt For: <input 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 C. Phelan		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 604 Juanita Avenue		Transaction ID: 2224584
City Millbrae State CA Zip Code 94030	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	
Receipt For: <input 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. Georgia Phelps Steiger		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 604 Fountainhead 2131 Lakeview Drive		Transaction ID: 2230522
City Sebring State FL Zip Code 33870	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	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 2085 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 L. Yeager		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 1190 W Camino Sagasta		<b>Transaction ID:</b> 2222976	
City State Zip Code Green Valley AZ 85614	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		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Marie E. Kingdon		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1062 Carter's Grove		<b>Transaction ID:</b> 2227776	
City State Zip Code Indianapolis IN 46260	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		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary Jane Pringle		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 2327 E. First Street		<b>Transaction ID:</b> 2220325	
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>	Hillary Clinton Contributions		
Name of Employer Occupation Turning Points Therapy 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		

<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 2086 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Evelyn M. Feintech

Mailing Address 10106 Emyprean 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  
MM / DD / YYYY  
03 / 26 / 2007

Transaction ID: 2230042

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Janet Liebowitz

Mailing Address 6 Northwoods Ln

City State Zip Code  
Boynton Beach FL 33436

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Painter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2007

Transaction ID: 2229583

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. David F Robinson

Mailing Address 149 Halligan Ave

City State Zip Code  
Worthington OH 43085

FEC ID number of contributing 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  
03 / 22 / 2007

Transaction ID: 2229456

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 2087 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Dianne E. Nelson

Mailing Address 2743 S. Pitkin Street

City Aurora State CO Zip Code 80013

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  
03 / 14 / 2007

Transaction ID: 2223997

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Eva Jane R. Coombe

Mailing Address 6 Corbin Drive

City Cincinnati State OH Zip Code 45208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 14 / 2007

Transaction ID: 2223984

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Laura S Murra

Mailing Address 2325 Oak Street  
National Clearinghouse on Mari

City Berkeley 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  
03 / 05 / 2007

Transaction ID: 2220171

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 2088 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 L. Henning

Mailing Address 591 Woodcreek Blvd

City State Zip Code  
Traverse City MI 49686

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2007

Transaction ID: 2230666

Amount of Each Receipt this Period  
75.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary P. Illing

Mailing Address 232 55th Street

City State Zip Code  
Downers Grove IL 60515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2007

Transaction ID: 2230527

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Cindy J. Briggs

Mailing Address 23160 Bellwood Dr

City State Zip Code  
Southfield MI 48034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Syntel, Inc. Computer Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 2228473

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 2089 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ruth S. Pearl		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 5810 Inman Park Circle Apt. 110		<b>Transaction ID:</b> 2230489	
City State Zip Code Bethesda MD 20852	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation Frames by Rebecca Framer	<b>[MEMO 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. Kimberly A Lively		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 14720 Crossdale Ave		<b>Transaction ID:</b> 2220410	
City State Zip Code Norwalk CA 90650	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation Self Owner /Urodynamic Service	<b>[MEMO 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. Maudena Z. Byrne		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 1181 E. 1st Avenue, Apt. 1803		<b>Transaction ID:</b> 2223951	
City State Zip Code Broomfield CO 80020	Amount of Each Receipt this Period 50.00		
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>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 2090 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 E. Ellingham

Mailing Address 14601 S.E. 55th Street

City State Zip Code  
Bellevue WA 98006

FEC ID number of contributing 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  
03 / 23 / 2007

Transaction ID: 2229342

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ricia S. Hendrick

Mailing Address 2313 Lantern Lane W.

City State Zip Code  
Mobile AL 36693

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Elevator Woodd Journalist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2007

Transaction ID: 2228065

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Gary E. Striker

Mailing Address 570 NE 57th Street

City State Zip Code  
Miami FL 33137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U of Miami Research

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 2231328

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 2091 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Walter Selove		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007	
Mailing Address 118 Cherry Lane		Transaction ID: 2224060	
City State Zip Code Wynnewood PA 19096	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. Alice J. Ramsay		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address 566 S. LaLonde Avenue		Transaction ID: 2229371	
City State Zip Code Lombard IL 60148	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 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		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Elizabeth Byrne Schill		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 231-05 87th Avenue		Transaction ID: 2223026	
City State Zip Code Queens Village NY 11427	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 2092 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2007

Transaction ID: 2230075

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Joan Rogin

Mailing Address 5627 Olinda Road

City State Zip Code  
El Sobrante CA 94803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

Transaction ID: 2227631

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Miss Betty R. Davis

Mailing Address 5611 Central Avenue Pike

City State Zip Code  
Knoxville TN 37912

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 13 / 2007

Transaction ID: 2222819

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 2093 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 W. Swenson		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 2308 Hamilton Drive		Transaction ID: 2223029
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>		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> Ms. Marilyn Mir		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 7912 June Lake		Transaction ID: 2224541
City State Zip Code San Diego CA 92119	Amount of Each Receipt this Period 25.00	
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> Ms. Elizabeth Reitbauer		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 560 Little Lake Drive, # 20		Transaction ID: 2224121
City State Zip Code Ann Arbor MI 48103	Amount of Each Receipt this Period 75.00	
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 College Administrator 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 2094 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Sheryl A. Rhodes		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 56 Sycamore Ridge		<b>Transaction ID:</b> 2224689
City State Zip Code Honeoye Falls NY 14472	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 Self-employed Full-time mom/freelance 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Julia Vaughan		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 1178 Reas Ford Rd		<b>Transaction ID:</b> 2222971
City State Zip Code Earlysville VA 22936	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. Patricia Clark		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 23 Lake Drive		<b>Transaction ID:</b> 2229097
City State Zip Code Plainfield IL 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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2095 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Adams

Mailing Address 14518 Shaker Blvd.

City State Zip Code  
Shaker Heights OH 44120

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

Transaction ID: 2227578

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Bonnie R Clendenning

Mailing Address 23 Blake Street

City State Zip Code  
Newton MA 02460

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Archaeological Institute 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  
03 / 11 / 2007

Transaction ID: 2220425

Amount of Each Receipt this Period  
250.00

Hillary Clinton 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  
Reitred

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2227820

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 2096 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Kaufmann		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 5533 Tiger Road		Transaction ID: 2224159	
City State Zip Code Edwardsville IL 62025	Amount of Each Receipt this Period 25.00		
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. Kathy Jarrett		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 5511 Golden Gate Avenue		Transaction ID: 2224767	
City State Zip Code Oakland CA 94618	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation REQUESTED	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

C. Full Name (Last, First, Middle Initial) Ms. Bonnie Heidinger		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 225 Lamb Rd		Transaction ID: 2229108	
City State Zip Code Carbondale IL 62902	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation Anna-Jonesboro High School teacher	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<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 2097 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Alice Ellis

Mailing Address 8 Calle Del Norte

City State Zip Code  
Rcho Sta Marg CA 92688

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  
03 / 13 / 2007

Transaction ID: 2223074

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Virginia Holten

Mailing Address 2247 Lone Oak Ln

City State Zip Code  
Vista CA 92084

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2227555

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. David E. Golan

Mailing Address 106 Sumner Road

City State Zip Code  
Brookline MA 02445

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Harvard Medical School Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2007

Transaction ID: 2228097

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 2098 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Susan M. Gregory

Mailing Address 10 Depot Hill Road

City State Zip Code  
Amenia NY 12501

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  
03 / 16 / 2007

Transaction ID: 2227727

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jane Gregozek

Mailing Address 766 Privet Ct

City State Zip Code  
Sunnyvale CA 94086

FEC ID number of contributing 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  
03 / 07 / 2007

Transaction ID: 2220333

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Nelson

Mailing Address 544 Tennyson Avenue

City State Zip Code  
Palo Alto CA 94301

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  
03 / 29 / 2007

Transaction ID: 2230766

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 2099 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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. Ernest P. Bicknell

Mailing Address 5437 Thomas Avenue

City State Zip Code  
Oakland CA 94618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 13 / 2007

Transaction ID: 2223036

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Virginia S. Mueller

Mailing Address 106 L Street Old Sacramento

City State Zip Code  
Sacramento CA 95814

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  
03 / 16 / 2007

Transaction ID: 2224548

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Adolfo Tarango

Mailing Address 5310 Repecho Drive Apt V201

City State Zip Code  
San Diego CA 92124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U of CA 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  
03 / 21 / 2007

Transaction ID: 2228962

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 2100 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Paige S. Lowther		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2007	
Mailing Address 5275 Morning Mist Lane		Transaction ID: 2229143	
City State Zip Code Alexandria VA 22312	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation US Dept. of Veterans 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. Carmen L. Castillo		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007	
Mailing Address 1431 W. Chateau Avenue		Transaction ID: 2224153	
City State Zip Code Anaheim CA 92802	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		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Gail Pine		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007	
Mailing Address 525 West Hillsdale Street		Transaction ID: 2223880	
City State Zip Code Inglewood CA 90302	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation L.A. Unified School District 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) ..... ▶	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 2101 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Narbutovskih		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2007	
Mailing Address 14288 Woodland Drive		Transaction ID: 2228499	
City State Zip Code Guerneville CA 95446	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation L-3 Wescam Sr. Software Engineer	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Sharon Taylor		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address 524 Park Avenue		Transaction ID: 2229528	
City State Zip Code Lock Haven PA 17745	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation Lock Haven University Director of Athletics	[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. Martha Raak		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 220 Schenley Rd		Transaction ID: 2224509	
City State Zip Code Pittsburgh PA 15217	Amount of Each Receipt this Period 25.00		
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>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 2102 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Irvin L. Johnson

Mailing Address 5201 France Avenue S.

City State Zip Code  
Minneapolis MN 55410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 2228555

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary Lou Blissit

Mailing Address 1422 S San Mateo Dr

City State Zip Code  
Palm Springs CA 92264

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Roche Pharmaceutical

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2007

Transaction ID: 2230535

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Suzanne Benton

Mailing Address 22 Donnelly Drive

City State Zip Code  
Ridgefield CT 06877

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  
03 / 23 / 2007

Transaction ID: 2229375

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 2103 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Preston

Mailing Address 517 N. MacDonald

City State Zip Code  
Mesa AZ 85201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Native American Connecti CPA/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  
03 / 30 / 2007

Transaction ID: 2231268

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contribut-ions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Charlotte S Barkley

Mailing Address 515 W. Madison Ave.

City State Zip Code  
Prescott AZ 86301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 28 / 2007

Transaction ID: 2230471

Amount of Each Receipt this Period  
150.00

Hillary Clinton Contribut-ions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Donna Ballard

Mailing Address 14213 Ballinger Terrace

City State Zip Code  
Burtonsville MD 20866

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 14 / 2007

Transaction ID: 2224119

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contribut-ions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2104 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Joanna F. Nelson		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 5139 Englewood Drive		<b>Transaction ID:</b> 2228941	
City State Zip Code San Jose CA 95129	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> Mr. Calvin Stempel		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 14203 SW 66th Street Apt. 107B		<b>Transaction ID:</b> 2223947	
City State Zip Code Miami FL 33183	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. Dorothy Thompson		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 5130 Burr Oaks Road		<b>Transaction ID:</b> 2229121	
City State Zip Code Oklahoma City OK 73105	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>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 2105 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Verona D. Burton		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 512 Hickory Street		<b>Transaction ID:</b> 2227570	
City Mankato	State MN	Zip Code 56001	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>B.</b> Full Name (Last, First, Middle Initial) Ms. Elizabeth H. Rose		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 2181 Ambleside Drive #404-406		<b>Transaction ID:</b> 2227817	
City Cleveland	State OH	Zip Code 44106	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 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) Ms. Laura L. Smith		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 218 Arlington Street		<b>Transaction ID:</b> 2227549	
City Birmingham	State MI	Zip Code 48009	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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2106 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Dr. Carol Schneebaum

Mailing Address 51 Landing Drive

City Dobbs Ferry State NY Zip Code 10522

FEC ID number of contributing 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  
03 / 16 / 2007

Transaction ID: 2224450

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ann Wansley

Mailing Address 51 Chula Lane

City San Francisco State CA Zip Code 94114

FEC ID number of contributing 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  
03 / 23 / 2007

Transaction ID: 2229406

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Miss Leila E. Tolleson

Mailing Address 11613 SE 7th Street, Apt. 236

City Vancouver State WA Zip Code 98683

FEC ID number of contributing 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  
03 / 15 / 2007

Transaction ID: 2224313

Amount of Each Receipt this Period  
5.00

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 2107 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** 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  
03 / 06 / 2007

Transaction ID: 2220235

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary Landis

Mailing Address 508 W. Locust Street

City State Zip Code  
Polo IL 61064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 28 / 2007

Transaction ID: 2230482

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Zelda Conklin

Mailing Address 505 Spangler St. NW

City State Zip Code  
Orting WA 98360

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 23 / 2007

Transaction ID: 2229399

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 2108 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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. Katherine W. Akers

Mailing Address 5026 West Lake Road

City State Zip Code  
Mayville NY 14757

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  
03 / 26 / 2007

Transaction ID: 2230027

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Beatrice M. Brown

Mailing Address 501 Via Casitas, Apt. 211

City State Zip Code  
Greenbrae CA 94904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 21 / 2007

Transaction ID: 2228957

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marsha Jacobs

Mailing Address 214 S Beverly Glen Blvd

City State Zip Code  
Los Angeles CA 90024

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  
03 / 22 / 2007

Transaction ID: 2229162

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 2109 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Bonnie Levitt

Mailing Address 50 Parker Avenue #1

City State Zip Code  
San Francisco CA 94118

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  
03 / 16 / 2007

Transaction ID: 2227746

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Patricia T. Johnson

Mailing Address 5 W. Oak Street

City State Zip Code  
Ramsey NJ 07446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Park Ridge Boe School Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 2228633

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Rosalind Golembe

Mailing Address 214 Harriman Drive Apt. 3017

City State Zip Code  
Goshen NY 10924

FEC ID number of contributing 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  
03 / 15 / 2007

Transaction ID: 2224280

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 2110 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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. Ellen R Szuchmacher

Mailing Address 5 Evergreen Circle

City State Zip Code  
Manhasset NY 11030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Vascular Diagnostic Office Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2007

Transaction ID: 2230819

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Cindy J. Buchanan

Mailing Address 2131 Mullen Ct

City State Zip Code  
Folsom CA 95630

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  
03 / 11 / 2007

Transaction ID: 2220431

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Morton Yuter

Mailing Address 5 Dover Avenue

City State Zip Code  
Garden City NY 11530

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 Y  
03 / 13 / 2007

Transaction ID: 2222866

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 2111 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Roberta K. Potsic

Mailing Address 1057 Beaumont Road

City State Zip Code  
Berwyn PA 19312

FEC ID number of contributing federal political committee. **C**

Name of Employer Del. County Comm. College Occupation Career 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  
03 / 25 / 2007

Transaction ID: 2229504

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Elaine Perlman

Mailing Address 4977 Broomfield Lane

City State Zip Code  
West Bloomfield MI 48322

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  
03 / 21 / 2007

Transaction ID: 2228851

Amount of Each Receipt this Period  
25.00

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224668

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 2112 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Claudine Muller

Mailing Address 492 Tamarac Drive

City Pasadena State CA Zip Code 91105

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  
03 / 14 / 2007

Transaction ID: 2224117

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Craig Madsen

Mailing Address 1416 Dover Road

City Santa Barbara State CA Zip Code 93103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Northern Trust Bank Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 2228504

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Gail D Reinhart

Mailing Address 2121 Jamieson Avenue #1806

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.S. Gov't Lawyer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222942

Amount of Each Receipt this Period  
250.00

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 2113 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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. Carroll A. Thomas

Mailing Address 115 La Senda Road

City State Zip Code  
Los Alamos NM 87544

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LANL Industrial Hyg. Tech

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2007

Transaction ID: 2229172

Amount of Each Receipt this Period  
125.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ginger Jordan-Hillier

Mailing Address 49 Welch Avenue

City State Zip Code  
Monmouth ME 04259

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
State of ME Public Health Coordinator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2007

Transaction ID: 2228088

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Pat Cairns

Mailing Address 4895 El Verano Avenue

City State Zip Code  
Atascadero CA 93422

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  
03 / 28 / 2007

Transaction ID: 2230437

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 2114 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 M. Rancont

Mailing Address 2121 Cameron Circle

City Birmingham State AL Zip Code 35242

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 14 / 2007

Transaction ID: 2224166

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nancy Greenwood

Mailing Address 486 N State St

City Concord State NH Zip Code 03301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Insurance 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  
03 / 30 / 2007

Transaction ID: 2231144

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary Brucker

Mailing Address 1416 Culverhill Drive

City Saint Loius State MO Zip Code 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  
03 / 30 / 2007

Transaction ID: 2231300

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 2115 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Tully

Mailing Address 485 Arbor Street

City Pasadena State CA Zip Code 91105

FEC ID number of contributing federal political committee. **C**

Name of Employer Los Angeles County-Olive View-UCLA Med Occupation Pediatrician, semi-retire

Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt  
03 / 16 / 2007

Transaction ID: 2224553

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

[MEMO ITEM]  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Stacey Creem

Mailing Address 87 W Brookside Drive

City Larchmont State NY Zip Code 10538

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  
03 / 14 / 2007

Transaction ID: 2224146

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

[MEMO ITEM]  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Charlotte 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  
03 / 21 / 2007

Transaction ID: 2228912

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 2116 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Sandra G. Cohen		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 10 River Terrace		<b>Transaction ID:</b> 2223838	
City State Zip Code Tarrytown NY 10591	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Patricia L. Jehle		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 4760 Crystal Dr		<b>Transaction ID:</b> 2230559	
City State Zip Code Beulah MI 49617	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Housewife	<b>[MEMO ITEM]</b> MEMO	
Aggregate Year-to-Date ▼ 0.00			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Patricia M. Dodd		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 4741 Shoremeade Rd.		<b>Transaction ID:</b> 2229074	
City State Zip Code Richmond VA 23234	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Dance Teacher	<b>[MEMO ITEM]</b> MEMO	
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 2117 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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. Anita K Cohen

Mailing Address 4730 Atrium Ct. # 252

City Owings Mills State MD Zip Code 21208

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  
03 / 14 / 2007

Transaction ID: 2224050

Amount of Each Receipt this Period  
15.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Miss. Tamara A Glickman

Mailing Address 4724 Dixie Drive

City Ponce Inlet State FL Zip Code 32127

FEC ID number of contributing federal political committee. **C**

Name of Employer Volusia County School Board Occupation Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 08 / 2007

Transaction ID: 2222089

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marguerite Jehle

Mailing Address 4717 Collinos Way

City Oceanside State CA Zip Code 92056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 23 / 2007

Transaction ID: 2229337

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 2118 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Ernest Mayer

Mailing Address 210 S. Seminary Street

City State Zip Code  
Georgetown IL 61846

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 22 / 2007

Transaction ID: 2229105

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Judith Grimm

Mailing Address 1404 E County Rd M

City State Zip Code  
River Falls WI 54022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 22 / 2007

Transaction ID: 2229163

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** 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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2224151

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 2119 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Gloria Bailey

Mailing Address 208 Ash Run Road

City State Zip Code  
Louisville KY 40245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Interior Designer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2007

Transaction ID: 2230010

Amount of Each Receipt this Period  
1000.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Gale Gatto

Mailing Address 47 Aspen Ct

City State Zip Code  
Evergreen CO 80439

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Self

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 28 / 2007

Transaction ID: 2230500

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Jean Chernow

Mailing Address 888 Eighth Avenue, # 4P

City State Zip Code  
New York NY 10019

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 Y  
03 / 23 / 2007

Transaction ID: 2229522

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 2120 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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. Morrison

Mailing Address 466 Ballytore Road

City Wynnewood State PA Zip Code 19096

FEC ID number of contributing federal political committee. **C**

Name of Employer Merck & Co. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2007

Transaction ID: 2223943

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Dolores Welty

Mailing Address 2076 Sheridan Road

City Encinitas State CA Zip Code 92024

FEC ID number of contributing 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  
03 / 23 / 2007

Transaction ID: 2229515

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Gloria D. Pond

Mailing Address 463 Good Hill Road

City Woodbury State CT Zip Code 06798

FEC ID number of contributing federal political committee. **C**

Name of Employer Naugatuck Valley CC Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2007

Transaction ID: 2227567

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 2121 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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. Roffee

Mailing Address 20701 Sabbath Court

City Gaithersburg State MD Zip Code 20882

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. Dept. of Labor Occupation Program Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2007

Transaction ID: 2227808

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Beverly Walcoff

Mailing Address 4620 N Park Ave PH 8E

City Chevy Chase State MD Zip Code 20815

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  
03 / 21 / 2007

Transaction ID: 2228908

Amount of Each Receipt this Period  
100.00

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  
MM / DD / YYYY  
03 / 16 / 2007

Transaction ID: 2224606

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 2122 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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. Lawton

Mailing Address 207 River Chase Drive

City State Zip Code  
Orlando FL 32807

FEC ID number of contributing 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  
03 / 13 / 2007

Transaction ID: 2223108

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. James B. Lyon

Mailing Address 1005 Arlington Street

City State Zip Code  
Clinton MS 39056

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  
03 / 16 / 2007

Transaction ID: 2227627

Amount of Each Receipt this Period  
20.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Alwyn N. Johnson

Mailing Address 4601 Rue Belle Mer

City State Zip Code  
Sanibel FL 33957

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2007

Transaction ID: 2224698

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 2123 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Jessica Stickney		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 1400 Poly Drive, Apt. 8BC		Transaction ID: 2224101
City State Zip Code Billings MT 59102	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 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. S. M. Goldblum		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 11411 Dona Pegita Drive		Transaction ID: 2222985
City State Zip Code Studio City CA 91604	Amount of Each Receipt this Period 25.00	
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> Ms. N. Sue Alden		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 4540 8th Avenue NE # 802		Transaction ID: 2224273
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>		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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2124 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. James A. Dingus		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 20600 Chagrin Blvd. # 701		Transaction ID: 2228895
City State Zip Code Shaker Heights OH 44122	Amount of Each Receipt this Period 99.25	
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. Jeanette Finkbiner Leeds		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 450 Elm Avenue		Transaction ID: 2224587
City State Zip Code Haddonfield NJ 08033	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions	
Name of Employer Occupation Aud. Bd. of Education 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> Mr. Dennis Schirmer		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 206 Cypress Avenue		Transaction ID: 2224713
City State Zip Code Santa Cruz CA 95062	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 San Jose State Univ. 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 2125 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 G. Buck		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 1053 Wilson Avenue		<b>Transaction ID:</b> 2229370	
City State Zip Code Chambersburg PA 17201	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. Robin Blaetz		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 45 Elf Hill Road		<b>Transaction ID:</b> 2230054	
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>	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. Leotus Morrison		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 4440 Grattan Price Drive Unit 3		<b>Transaction ID:</b> 2223145	
City State Zip Code Harrisonburg VA 22801	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 University of Virginia Professor Emerita-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 2126 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 P Costello

Mailing Address 444 Middle Neck Road, # 3K

City State Zip Code  
Great Neck NY 11023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

Transaction ID: 2224556

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Martha A. Smith

Mailing Address 4435 1st Street NE  
Apt. 103

City State Zip Code  
St. Petersburg FL 33703

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  
03 / 14 / 2007

Transaction ID: 2224070

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** 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  
03 / 20 / 2007

Transaction ID: 2228549

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 2127 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Sherry Nehmer		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007
Mailing Address 205 West End Avenue Apartment 18L		<b>Transaction ID:</b> 2224057
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>	Hillary Clinton 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> Ms. Lorraine C. McCrary		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007
Mailing Address 4411 Ripley		<b>Transaction ID:</b> 2231138
City State Zip Code Davenport IA 52806	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 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. Lorraine C. McCrary		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2007
Mailing Address 4411 Ripley		<b>Transaction ID:</b> 2220391
City State Zip Code Davenport IA 52806	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 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 2128 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Julie A. Martin		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 4409 SE Woodward Street		<b>Transaction ID:</b> 2222818
City State Zip Code Portland OR 97206	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions	
Name of Employer Orange Co. Social Services Agency	Occupation Admin 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. Idella Jean Chybinski		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 205 S. Yoakum Pky., Apt. 1217		<b>Transaction ID:</b> 2229088
City State Zip Code Alexandria VA 22304	Amount of Each Receipt this Period 25.00	
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>C.</b> Full Name (Last, First, Middle Initial) Ms. Ellen Yurek		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 2041 Yellowthroat Place		<b>Transaction ID:</b> 2229331
City State Zip Code Thousand Oaks CA 91320	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions	
Name of Employer Sanofi Synthelab	Occupation Project 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 2129 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 P. Fisher		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 204 Dromara Road		<b>Transaction ID:</b> 2220127	
City State Zip Code Guilford CT 06437	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation Erie County 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. Eunice Davis		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 436 Transit Avenue		<b>Transaction ID:</b> 2228074	
City State Zip Code Roseville MN 55113	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton 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		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Nadine Harvey		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 435 S. Livernois Road Apt. 131		<b>Transaction ID:</b> 2227552	
City State Zip Code Rochester Hills MI 48307	Amount of Each Receipt this Period 25.00		
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) ..... ▶	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 2130 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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. Bealmear

Mailing Address 2032 Balmer Drive

City State Zip Code  
Los Angeles CA 90039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Grant McCune Design Production Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2007

Transaction ID: 2229398

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jane B. Stephenson

Mailing Address 2030 Chester Blvd. # 60

City State Zip Code  
Richmond IN 47374

FEC ID number of contributing 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  
03 / 13 / 2007

Transaction ID: 2223127

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Janice L. Goldblum

Mailing Address 10501 Wilshire Blvd. Unit 701

City State Zip Code  
Los Angeles CA 90024

FEC ID number of contributing 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  
03 / 28 / 2007

Transaction ID: 2230530

Amount of Each Receipt this Period  
75.00

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 2131 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Randy R Castro

Mailing Address 4305 Lakeview Drive SE

City State Zip Code  
Port Orchard WA 98366

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED analyst

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2007

Transaction ID: 2231490

Amount of Each Receipt this Period  
500.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Annette M. Dwyer

Mailing Address 20221 83rd Place NE

City State Zip Code  
Kenmore WA 98028

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  
03 / 15 / 2007

Transaction ID: 2224252

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sayre P. Sheldon

Mailing Address 14 Fayette Street

City State Zip Code  
Cambridge MA 02139

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Boston University Teacher

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2007

Transaction ID: 2228971

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 2132 / 2428
	<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. Ellen Lazar

Mailing Address 430 Wedgewood Drive

City Easton State PA Zip Code 18045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 28 / 2007

Transaction ID: 2230550

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. G. Truxton Ringe

Mailing Address 2020 Cardinal Lane SE

City Olympia State WA Zip Code 98503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 13 / 2007

Transaction ID: 2222896

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. June Vawter

Mailing Address 14 Ellis Street

City Freehold State NJ Zip Code 07728

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 19 / 2007

Transaction ID: 2228099

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 2133 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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  
03 / 16 / 2007

Transaction ID: 2227592

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sandra D. Drant

Mailing Address 201 Grant Street, # PH1

City Sewickley State PA Zip Code 15143

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 23 / 2007

Transaction ID: 2229587

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joan R. Truckenbrod

Mailing Address 14 Cari Court

City Dekalb State IL Zip Code 60115

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  
03 / 14 / 2007

Transaction ID: 2224108

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 2134 / 2428
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. 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  
MM / DD / YYYY  
03 / 21 / 2007

Transaction ID: 2228858

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jean E Taylor

Mailing Address 201 E 86th St Apt 34D

City New York State NY Zip Code 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 ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2007

Transaction ID: 2223959

Amount of Each Receipt this Period  
500.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. B. Barclay Smith

Mailing Address 201 Bishop Street

City New Haven State CT Zip Code 06511

FEC ID number of contributing 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  
03 / 14 / 2007

Transaction ID: 2223963

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 2135 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Nancy Zuercher

Mailing Address 423 Linden Avenue

City State Zip Code  
Vermillion SD 57069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U of S Dakota Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229182

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. William Crawford

Mailing Address 1399 9th Avenue, Apt. 117

City State Zip Code  
San Diego CA 92101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223060

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Donald Ernst

Mailing Address 2009 Kimmy Ln

City State Zip Code  
Arnold MO 63010

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  
03 / 23 / 2007

Transaction ID: 2229616

Amount of Each Receipt this Period  
10.00

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 2136 / 2428
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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

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Mary Lou Brown		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 139 Via Baja		<b>Transaction ID:</b> 2227608
City State Zip Code Ventura CA 93003	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	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Jeanne Snodgrass		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 10501 Lagrima De Oro NE		<b>Transaction ID:</b> 2230512
City State Zip Code Albuquerque NM 87111	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>C.</b> Mr. Simmie Robinson		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 2007 W Humble Street		<b>Transaction ID:</b> 2227714
City State Zip Code Baytown TX 77520	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) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2137 / 2428
	<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. Ann E. Karpick

Mailing Address 42 Soley Street

City State Zip Code  
Charlestown MA 02129

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  
03 / 23 / 2007

Transaction ID: 2229386

Amount of Each Receipt this Period  
200.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Pamela J Kedderis

Mailing Address 42 Northwoods Road

City State Zip Code  
Farmington CT 06032

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  
03 / 04 / 2007

Transaction ID: 2219903

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth J. Owen

Mailing Address 10 Park Drive

City State Zip Code  
Yalaha FL 34797

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  
03 / 22 / 2007

Transaction ID: 2229100

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 2138 / 2428
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Dorothy A. Hasler

Mailing Address 4193 Shorebrook

City State Zip Code  
Sterling Heights MI 48314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

Transaction ID: 2224566

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Justine Barton

Mailing Address 1124 Deleisseline Blvd.

City State Zip Code  
Mt. Pleasant SC 29464

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US EPA Biologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 2228574

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** 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 Y  
03 / 14 / 2007

Transaction ID: 2223897

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 2139 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sheila Martin

Mailing Address 20 Eagle Gap Road

City State Zip Code  
Novato CA 94949

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2007

Transaction ID: 2231129

Amount of Each Receipt this Period  
500.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Judith Townsend

Mailing Address 20 Clairborne Ct

City State Zip Code  
Bluffton SC 29909

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  
03 / 19 / 2007

Transaction ID: 2228011

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jean McCoy

Mailing Address 4100 Well Spring Drive  
Apt. 2306

City State Zip Code  
Greensboro NC 27410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2007

Transaction ID: 2224278

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 2140 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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 Pattison

Mailing Address 410 S. Brook Lane

City State Zip Code  
Anaheim CA 92807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

Transaction ID: 2224555

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Shirley Gabaree

Mailing Address 41 Daniel Lucy Way

City State Zip Code  
Newburyport MA 01950

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

Transaction ID: 2227756

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Margaret Ann Rud

Mailing Address 2 Wheaton Center Apt. #1504

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 Y  
03 / 16 / 2007

Transaction ID: 2227559

Amount of Each Receipt this Period  
15.00

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 2141 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Beth Myers

Mailing Address 4070 W. Forest Park Drive

City State Zip Code  
Bloomington IN 47404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 14 / 2007

Transaction ID: 2224161

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jennifer Jones

Mailing Address 406 Grant Street SW

City State Zip Code  
Grand Rapids MI 49503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Grand Rapids Public Schools 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  
03 / 25 / 2007

Transaction ID: 2229619

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Muriel J. Hinz

Mailing Address 21912 Kramer St

City State Zip Code  
St Clr Shores MI 48080

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 13 / 2007

Transaction ID: 2223071

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 2142 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 J. Showers		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 5138 South Ridge Road		<b>Transaction ID:</b> 2224331	
City State Zip Code Cincinnati OH 45224	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>B.</b> Full Name (Last, First, Middle Initial) Ms. Dianne Bennett		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2007	
Mailing Address 2 Mayfair Lane		<b>Transaction ID:</b> 2229645	
City State Zip Code Buffalo NY 14201	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-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		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Joyce Chase		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 2 Fifth Avenue		<b>Transaction ID:</b> 2230230	
City State Zip Code NYC NY 10011	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation Self-Employed Talent 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 2143 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Millson

Mailing Address 4026 Constitution Avenue

City State Zip Code  
Fairfield CA 94533

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  
03 / 22 / 2007

Transaction ID: 2229153

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Gretchen Mieszkowski

Mailing Address 4023 Manorfield Drive

City State Zip Code  
Seabrook TX 77586

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Univ. Of Houston 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  
03 / 20 / 2007

Transaction ID: 2228599

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Olga Semanchik

Mailing Address 401 Walnick Drive

City State Zip Code  
Frackville PA 17931

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 21 / 2007

Transaction ID: 2228979

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 2144 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Dr. Joseph Williams

Mailing Address 401 N. Du Quion Street # 4

City State Zip Code  
Benton IL 62812

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2007

**Transaction ID: 2224233**

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Christine D. Long

Mailing Address 19710 W 13 Mile Rd # 203  
Apt. 203

City State Zip Code  
Beverly Hills MI 48025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

**Transaction ID: 2224616**

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sarah J. Allard

Mailing Address 401 6th Avenue SW

City State Zip Code  
Warroad MN 56763

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

**Transaction ID: 2224593**

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 2145 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Bruce Hellmer		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 4000 Pleasant Valley		Transaction ID: 2222771
City State Zip Code Brighton MI 48114	Amount of Each Receipt this Period 30.00	
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. Abbie H. Shouse		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 400 S. Shade Avenue		Transaction ID: 2230056
City State Zip Code Sarasota FL 34237	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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Elizabeth F. Jones		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 104 Gilley Drive		Transaction ID: 2222954
City State Zip Code Williamsburg VA 23188	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 ChristopherNgupor Univ. 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) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2146 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth M. Rosenzweig

Mailing Address 196 Scott Avenue

City State Zip Code  
Winnetka IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 2228584

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lorene S Sarne

Mailing Address 4 Monroe Street

City State Zip Code  
Rockville MD 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GAO Training Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

Transaction ID: 2231148

Amount of Each Receipt this Period  
10.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Murray Laver

Mailing Address 1950 SW Whiteside Drive

City State Zip Code  
Corvallis OR 97333

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 2228576

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 2147 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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. Jennifer Percy</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 4 Chase Street # 2		<b>Transaction ID: 2228639</b>	
City Salem	State MA	Zip Code 01970	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Hillary Clinton Contributions	
Name of Employer Cornell Orthotics & Prosthetics	Occupation Orthotic 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. Mrs. Beth L Miszewski</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2007	
Mailing Address 3975 S. Victoria Ct.		<b>Transaction ID: 2220413</b>	
City New Berlin	State WI	Zip Code 53151	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Hillary Clinton Contributions	
Name of Employer IUPAT-Painters District Council No. 7	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		

Full Name (Last, First, Middle Initial) <b>C. Ms. Barbara Gaborko</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 39638 Freemark Abbey		<b>Transaction ID: 2229330</b>	
City Murrieta	State CA	Zip Code 92563	Amount of Each Receipt this Period 50.00
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>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2148 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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 Hollingsworth

Mailing Address 3905B Wiley Avenue

City State Zip Code  
Chattanooga TN 37412

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

Transaction ID: 2227742

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sheryl Rowling

Mailing Address 390 San Antonio Avenue Apt 2

City State Zip Code  
San Diego CA 92106

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 Y  
03 / 16 / 2007

Transaction ID: 2224468

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Hardman

Mailing Address 39 Jane Lacey Drive, Apt. Q

City State Zip Code  
Endicott NY 13760

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Binghamton University 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  
03 / 16 / 2007

Transaction ID: 2224786

Amount of Each Receipt this Period  
5.00

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 2149 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Maughelli

Mailing Address 1114 W. Keats Avenue

City State Zip Code  
Fresno CA 93711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CA State Professor of Art

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

**Transaction ID:** 2228620

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Betty B. Colee

Mailing Address 1935 Pioneer Trail

City State Zip Code  
New Smyrna Beach FL 32168

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  
03 / 19 / 2007

**Transaction ID:** 2228113

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary E Cogswell

Mailing Address 1931 Mercedes Court

City State Zip Code  
Atlanta GA 30345

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Federal Government Doctor

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

**Transaction ID:** 2228595

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 2150 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Arthur Fry		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2007	
Mailing Address 1923 E. Joyce Blvd. Apt. 323		<b>Transaction ID:</b> 2230474	
City Fayetteville	State AR	Zip Code 72703	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		
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. Malina Hills		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2007	
Mailing Address 1332 S. Gertruda Avenue		<b>Transaction ID:</b> 2229176	
City Redondo Beach	State CA	Zip Code 90277	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 REQUESTED		
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) Mr. Stephen V. Gardner		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 3833 W. County Road 8		<b>Transaction ID:</b> 2223031	
City Berthoud	State CO	Zip Code 80513	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 Contractor		
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 2151 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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 D. Swadley

Mailing Address 19225 4th Ave NE Apt 107

City Poulsbo State WA Zip Code 98370

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 30 / 2007

Transaction ID: 2231316

Amount of Each Receipt this Period  
500.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Lawrence

Mailing Address 383 South Middlebush Road

City Somerset State NJ Zip Code 08873

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  
03 / 20 / 2007

Transaction ID: 2228563

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ann C. Beyer

Mailing Address 3819 Magnolia Drive

City Palo Alto State CA Zip Code 94306

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  
03 / 26 / 2007

Transaction ID: 2230064

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 2152 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Jane R. Will		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 3816 Hickory Lane		<b>Transaction ID:</b> 2224611	
City State Zip Code Oconomowoc WI 53066	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>B.</b> Full Name (Last, First, Middle Initial) Ms. Virginia Polak		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address 38 Fairlawn Drive		<b>Transaction ID:</b> 2229518	
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>	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. Patricia P. Hok		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 1111 Alvarado Avenue Apt. 363		<b>Transaction ID:</b> 2227821	
City State Zip Code Davis CA 95616	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>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 2153 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 B. Elkin

Mailing Address 3737 Atlantic Avenue Apt 1101

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  
03 / 13 / 2007

Transaction ID: 2222847

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. John D. Higham

Mailing Address 100 Yale Road

City State Zip Code  
Menlo Park CA 94025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223110

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mina K Meyer

Mailing Address 3735 Albury Avenue

City State Zip Code  
Long Beach CA 90808

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 14 / 2007

Transaction ID: 2224063

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 2154 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Ann Owchar

Mailing Address 3726 SW Webster Street

City State Zip Code  
Seattle WA 98126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 22 / 2007

Transaction ID: 2229453

Amount of Each Receipt this Period  
15.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Marylou R Barnes

Mailing Address 133 Santolina Park

City State Zip Code  
Peachtree City GA 30269

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 24 / 2007

Transaction ID: 2229562

Amount of Each Receipt this Period  
200.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Alison S. Hannan

Mailing Address 19 S Belden Hill Road

City State Zip Code  
Guilford VT 05301

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  
03 / 16 / 2007

Transaction ID: 2227750

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 2155 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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. Frances D. Power

Mailing Address 3705 Hilldale Road

City State Zip Code  
Oakwood GA 30566

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223028

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Carolyn A Crutchfield

Mailing Address 133 Santolina Park

City State Zip Code  
Peachtree City GA 30269

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2007

Transaction ID: 2229599

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Maria E. Stratton

Mailing Address 3700 Lowry Road

City State Zip Code  
Los Angeles CA 90027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Admin. Office of US Courts Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2007

Transaction ID: 2230492

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 2156 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. Prudence A. Perry

Mailing Address 370 E. Baldwin Lane

City State Zip Code  
Shelton WA 98584

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 14 / 2007

Transaction ID: 2224022

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Judy Lumbert

Mailing Address 11102 Lincoln Trl.

City State Zip Code  
Indianapolis IN 46236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 26 / 2007

Transaction ID: 2230074

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Moly Cornell

Mailing Address 37 Shapquit Bars Road

City State Zip Code  
Falmouth MA 02540

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  
03 / 14 / 2007

Transaction ID: 2224052

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 2157 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 J. Hurwich

Mailing Address 37 Hardesty Road

City State Zip Code  
Stamford CT 06903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222875

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susan Hodge

Mailing Address 368 Edgewood Avenue

City State Zip Code  
Teaneck NJ 07666

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Columbia University, NY State Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2223982

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Pamela K. Withrow

Mailing Address 3640 Stage Road

City State Zip Code  
Ionia MI 48846

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223102

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 2158 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Shirlee J. Sappell

Mailing Address 3633 Ostrom Avenue

City State Zip Code  
Long Beach CA 90808

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  
03 / 20 / 2007

Transaction ID: 2228581

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Doris Edwards

Mailing Address 19 Pocono Road, Apt. 431A

City State Zip Code  
Denville NJ 07834

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 21 / 2007

Transaction ID: 2228875

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2227654

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 2159 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Brad Waltman		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 3605 Cowboy Ranch Avenue		Transaction ID: 2224027
City State Zip Code N. Las Vegas NV 89031	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions	
Name of Employer Occupation CCSN 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> Mrs. Norma K Stone		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address 3601 Turtle Creek Blvd. #404		Transaction ID: 2220216
City State Zip Code Dallas TX 75219	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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Sonia Ragir		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 188 Abbey Road		Transaction ID: 2224792
City State Zip Code Mt Tremper NY 12457	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions	
Name of Employer Occupation CUNY 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) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2160 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Yvonne Logan		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2007	
Mailing Address 36 South Gore Avenue		<b>Transaction ID:</b> 2228592	
City State Zip Code Saint Louis MO 63119		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 World Community Ctr. of St. Louis 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Shirley A. Decorte		Date of Receipt M M / D D / Y Y Y Y Y 03 / 25 / 2007	
Mailing Address 1322 E. Arnold Street		<b>Transaction ID:</b> 2229488	
City State Zip Code Sandwich IL 60548		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 Sandwich District #430 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. Joyce Elden		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007	
Mailing Address 18680 Lake Bend Drive		<b>Transaction ID:</b> 2231306	
City State Zip Code Jupiter FL 33458		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 Broad and Cassey 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	

<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 2161 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Johanna C. Wilde

Mailing Address 9601 Miccosukee Road, Lot 29

City State Zip Code  
Tallahassee FL 32309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2007

Transaction ID: 2230459

Amount of Each Receipt this Period  
20.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kathi Renman

Mailing Address 3539 Casitas Avenue

City State Zip Code  
Los Angeles CA 90039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Renman Real Estate Real Estate Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2007

Transaction ID: 2220418

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elaine Barrett

Mailing Address 96 North Road

City State Zip Code  
Hancock NH 03449

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223133

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 2162 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Penny Packard

Mailing Address 3520 2nd Avenue NE

City State Zip Code  
Naples FL 34120

FEC ID number of contributing federal political committee. **C**

Name of Employer Collier County Publ. Schools  
Occupation Teacher's 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  
03 / 16 / 2007

Transaction ID: 2227699

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lois D. Disney

Mailing Address 1313 Woodside Terrace

City State Zip Code  
Blacksburg VA 24060

FEC ID number of contributing federal political committee. **C**

Name of Employer  
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 Y  
03 / 22 / 2007

Transaction ID: 2229134

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Caroline S. Murphy

Mailing Address 185 Sumner Avenue

City State Zip Code  
Springfield MA 01108

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Occupation 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  
03 / 30 / 2007

Transaction ID: 2231313

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 2163 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Theodore Hiatt

Mailing Address 35 Bryn Mawr Drive

City State Zip Code  
San Rafael CA 94901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 21 / 2007

Transaction ID: 2228948

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Dawn M. Schock

Mailing Address 1812A Spreckels Lane

City State Zip Code  
Redondo Beach CA 90278

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
California Court of Appeal 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  
03 / 05 / 2007

Transaction ID: 2220149

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Margo R. Light

Mailing Address 1808 Greenlawn Avenue

City State Zip Code  
Kalamazoo MI 49006

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  
03 / 19 / 2007

Transaction ID: 2228071

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 2164 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Karla K. Kwist		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 3496 Biela		Transaction ID: 2224109	
City State Zip Code Las Vegas NV 89120	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 Harrahs Showroom	<b>[MEMO 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. Sharon L Arthur		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 34915 Chestnut Street		Transaction ID: 2229378	
City State Zip Code Wayne MI 48184	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> Ms. Frances Bull		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 3467 Craig Road		Transaction ID: 2223092	
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>	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 2165 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Shirey		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 3465 San Mateo Avenue		<b>Transaction ID:</b> 2228850	
City State Zip Code Reno NV 89509	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 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> Ms. Carole A. Cohen		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 3439 Sacramento Street, #402		<b>Transaction ID:</b> 2228960	
City State Zip Code San Francisco CA 94118	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. A. L. Contreras		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 1805 Lyndon Road		<b>Transaction ID:</b> 2222820	
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>	Hillary Clinton Contributions		
Name of Employer Occupation CA. Hwy Patrol 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) ..... ▶	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 2166 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 G. Vitale

Mailing Address 1800 S Ocean Drive # 401

City State Zip Code  
Fort Lauderdale FL 33316

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 14 / 2007

Transaction ID: 2223909

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Margaret Copi

Mailing Address 3426 Adell Court

City State Zip Code  
Oakland CA 94602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kalihi-Palama Health Center Psychiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 2228587

Amount of Each Receipt this Period  
25.00

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 Y  
03 / 26 / 2007

Transaction ID: 2230084

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 2167 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Esther VanHaften		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 3404 Dartmouth Drive		<b>Transaction ID:</b> 2222813
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>	Hillary Clinton Contributions	
Name of Employer Occupation Occupation house wife	<b>[MEMO 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. Marian Lee Edelstein		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 180 E. Pearson Street # 3801		<b>Transaction ID:</b> 2228520
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>	Hillary Clinton 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. Laura M. Gillis		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 3401 Lake Montebello Drive		<b>Transaction ID:</b> 2227811
City State Zip Code Baltimore MD 21218	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 Healthcare for Homeless 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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2168 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Gale Kempf		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 336 5th Avenue		<b>Transaction ID:</b> 2228109	
City State Zip Code Indiatlantic FL 32903	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation Kempf's Jewelers Gemologist	<b>[MEMO 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 C. Ives		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 130D Seminary Ave Apt 321		<b>Transaction ID:</b> 2224303	
City State Zip Code Auburndale MA 02466	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
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>C.</b> Full Name (Last, First, Middle Initial) Dr. Phyllis A Kaufman		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 33470 SW Chinook Plaza #181		<b>Transaction ID:</b> 2224832	
City State Zip Code Scappoose OR 97056	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		

<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 2169 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Huckins		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 13010 Sandy Key Bend #2		Transaction ID: 2227706	
City State Zip Code Fort Myers FL 33903	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation Homemaker	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

B. Full Name (Last, First, Middle Initial) Ms. Luana Josvold		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address P.O. Box 100		Transaction ID: 2224300	
City State Zip Code Mattapoisett MA 02739	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation Musician Translator	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

C. Full Name (Last, First, Middle Initial) Mr. Robert H. Lowensohn		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 3337 Oakdell Road		Transaction ID: 2224764	
City State Zip Code Studio City CA 91604	Amount of Each Receipt this Period 25.00		
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>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 2170 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Helga Slessarev		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 1101 Butterfield Road		<b>Transaction ID:</b> 2228497
City State Zip Code San Anselmo CA 94960	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. Barbara E. Hoefft		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address RR 1 Box 605		<b>Transaction ID:</b> 2230732
City State Zip Code Milton WV 25541	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 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> Rev. Katharine C. Evans		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 18 Lafayette Road		<b>Transaction ID:</b> 2228488
City State Zip Code Ipswich MA 01938	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 Episcopal Diocese of Mass. Clergy	<b>[MEMO 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 2171 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. D. E. McGill		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address POB 619 Lake Vallecito		<b>Transaction ID:</b> 2231324	
City State Zip Code Bayfield CO 81122		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>B.</b> Full Name (Last, First, Middle Initial) Ms. Ann LaRae Ivey		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 30948 E. Sunset Dr. So.		<b>Transaction ID:</b> 2230070	
City State Zip Code Redlands CA 92373		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 San Bernardino County 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. Jennifer G. Allred		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 3310 Oakwood Street		<b>Transaction ID:</b> 2220352	
City State Zip Code Salt Lake City UT 84109		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton Contributions	
Name of Employer Occupation Granite School District 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) ..... ▶	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 2172 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 A. Moore

Mailing Address PO Box 783

City Alburg State VT Zip Code 05440

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 23 / 2007

Transaction ID: 2229403

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jane Clewe

Mailing Address 1032 Junipero Avenue

City Long Beach State CA Zip Code 90804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 16 / 2007

Transaction ID: 2224622

Amount of Each Receipt this Period  
20.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Charlene Walker

Mailing Address PO Box 696

City Lahaina State HI Zip Code 96767

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Art Gallery

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224583

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 2173 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Tadin		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 11002 Wakefield street		Transaction ID: 2231248
City State Zip Code Westchester IL 60154	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	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Barbara L. Woelk		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address PO Box 487		Transaction ID: 2230576
City State Zip Code Fairplay CO 80440	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 Chase Manhahan Bank Banker	<b>[MEMO 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. Louisa Ferree		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 177 Crescent Street		Transaction ID: 2230515
City State Zip Code Northampton MA 01060	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>	Hillary Clinton Contributions	
Name of Employer Occupation Self Archeologist	<b>[MEMO 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 2174 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Evelyn Ellis		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 330 Shady Woods Cove		Transaction ID: 2224245	
City State Zip Code Memphis TN 38120	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. Maria T. Apollo		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 330 East Broadway		Transaction ID: 2227634	
City State Zip Code Port Jefferson Sta NY 11777	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		

C. Full Name (Last, First, Middle Initial) Ms. Kimberly H. Hoover		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 1761 Church Street NW		Transaction ID: 2230656	
City State Zip Code Washington DC 20036	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 City Influence 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) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2175 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input 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. Mary Jane Gray		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007
Mailing Address 1760 Rosecrest Drive		<b>Transaction ID:</b> 2222898
City State Zip Code Philomatt OR 97370	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 Linn County 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> Ms. Eleanor Cogswell		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007
Mailing Address 33 Edgehill Road		<b>Transaction ID:</b> 2227582
City State Zip Code Stow MA 01775	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> Dr. Margaret K. Wolf		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007
Mailing Address PO Box 272504		<b>Transaction ID:</b> 2224318
City State Zip Code Fort Collins CO 80527	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 USDA-NRCS-ITC Occupation IT 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 2176 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Stanley Bier

Mailing Address P.O. Box 192

City State Zip Code  
Colonia NJ 07067

FEC ID number of contributing 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  
03 / 13 / 2007

Transaction ID: 2222753

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Pamela M. Bushing

Mailing Address PO Box 1978

City State Zip Code  
Pinehurst NC 28370

FEC ID number of contributing 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  
03 / 14 / 2007

Transaction ID: 2224128

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nita Corinblit

Mailing Address 5854 Hillview Park Avenue

City State Zip Code  
Valley Glen CA 91401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2007

Transaction ID: 2230442

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 2177 / 2428
	<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 Center

Mailing Address PO Box 193

City State Zip Code  
Wilton NH 03086

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 23 / 2007

Transaction ID: 2229384

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Wilma A. Thompson

Mailing Address PO Box 1872

City State Zip Code  
North Eastham MA 02651

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  
03 / 16 / 2007

Transaction ID: 2227556

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Suanne M. Dullard, D.D.S.

Mailing Address PO Box 14

City State Zip Code  
Bigfork MN 56628

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Northland Dental Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2007

Transaction ID: 2229506

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 2178 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Etel Thomas

Mailing Address PO Box 134

City State Zip Code  
Mount Desert ME 04660

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  
03 / 16 / 2007

Transaction ID: 2227710

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Hazel Cypen

Mailing Address 320 W. Dilido Drive

City State Zip Code  
Miami Beach FL 33139

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  
03 / 28 / 2007

Transaction ID: 2230565

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jodi I. Lustig

Mailing Address 130 W 79th #6F

City State Zip Code  
New York NY 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self writer/real estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2007

Transaction ID: 2229714

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 2179 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Catherine Watson

Mailing Address P.O. Box 914

City State Zip Code  
Penney Farms FL 32079

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  
03 / 14 / 2007

Transaction ID: 2224096

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Judith T. Wolff

Mailing Address 6 Durkee Road

City State Zip Code  
Acton MA 01720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ibis Communications Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224462

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. William J. McCune, Jr.

Mailing Address P.O. Box 9

City State Zip Code  
Lincoln MA 01773

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2007

Transaction ID: 2228475

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 2180 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Geraldine Howard

Mailing Address P.O. Box 828

City State Zip Code  
Clinton WA 98236

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  
03 / 28 / 2007

Transaction ID: 2230451

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** 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  
MM / DD / YYYY  
03 / 22 / 2007

Transaction ID: 2229166

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joan A. Larsen

Mailing Address 174 County Route 35

City State Zip Code  
Canton NY 13617

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
College Librarian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 2228630

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 2181 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Darlene M. Clements

Mailing Address 319 Montfort Drive

City State Zip Code  
San Antonio TX 78216

FEC ID number of contributing 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  
03 / 14 / 2007

Transaction ID: 2224068

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jean V. Lincoln

Mailing Address P.O. Box 5876

City State Zip Code  
Burlington VT 05402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Natl Able Network Library Page Trainee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2007

Transaction ID: 2229138

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Palma Cabiles

Mailing Address 3172 Coral Drive

City State Zip Code  
Oceanside CA 92056

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  
03 / 16 / 2007

Transaction ID: 2227554

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 2182 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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. Roberts

Mailing Address P.O. Box 5676

City State Zip Code  
Frisco CO 80443

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2007

Transaction ID: 2230507

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Rev. Diane Brelford

Mailing Address 11 W Aloha St Apt 604

City State Zip Code  
Seattle WA 98119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229132

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Suzanne Barnett

Mailing Address P.O. Box 50

City State Zip Code  
Nazareth KY 40048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

Transaction ID: 2231241

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 2183 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Julie I. Fershtman		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2007	
Mailing Address 31700 Briarcliff Road		<b>Transaction ID:</b> 2228502	
City State Zip Code Franklin MI 48025	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation Law Offc. Julie Fershtman 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Olivia Quijano		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 1738 County Hwy 29		<b>Transaction ID:</b> 2227682	
City State Zip Code Oneonta AL 35121	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>C.</b> Full Name (Last, First, Middle Initial) Ms. Sally Carson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2007	
Mailing Address 3153 N 17th Street		<b>Transaction ID:</b> 2230477	
City State Zip Code Arlington VA 22201	Amount of Each Receipt this Period 135.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation Dept. of Defense, US Marine Corps 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		

<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 2184 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Susanne Woods		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 17273 La Brisa Lane		<b>Transaction ID:</b> 2228600
City State Zip Code Sugarloaf Shores FL 33042	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 Wheaton College, MA 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> Mr. Bryce P. Henry		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address P.O. Box 369		<b>Transaction ID:</b> 2224100
City State Zip Code Edmonds WA 98020	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> Ms. Elaine A. Bridges		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address P.O. Box 3605		<b>Transaction ID:</b> 2228469
City State Zip Code San Angelo TX 76902	Amount of Each Receipt this Period 1000.00	
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 2185 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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 F. Dworkin		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 31401 Stonewood Court West		<b>Transaction ID:</b> 2223887
City State Zip Code Farmington Hills MI 48334	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 Deworth Investment Co. Occupation Sec. Management	<b>[MEMO 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. Elise A. Yablonski		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 314 W 77th Street Apt. 3A		<b>Transaction ID:</b> 2222880
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>	Hillary Clinton Contributions	
Name of Employer Proskauer, Rose 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>C.</b> Ms. Peg Y. Vines		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 127 N Old Manor Street		<b>Transaction ID:</b> 2231280
City State Zip Code Wichita KS 67208	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 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 2186 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

A. Full Name (Last, First, Middle Initial) Mr. David Petrig		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1721 Saulter Road		Transaction ID: 2227800	
City State Zip Code Homewood AL 35209	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation REQUESTED	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

B. Full Name (Last, First, Middle Initial) Ms. Rose Z. Thorman		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address P.O. Box 4312		Transaction ID: 2229353	
City State Zip Code Annapolis MD 21403	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	[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. Patricia Medvick		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address P.O. Box 3077		Transaction ID: 2224758	
City State Zip Code Richland WA 99354	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation PNNL Computer Scientist	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<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 2187 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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 Vera Blinn Reber

Mailing Address 314 East King Street

City Shippensburg State PA Zip Code 17257

FEC ID number of contributing federal political committee. **C**

Name of Employer Shippensburg Univ Occupation Prof.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 19 / 2007

Transaction ID: 2228026

Amount of Each Receipt this Period  
 50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Beverly J. Gibbs

Mailing Address P.O. Box 279

City Manchaca State TX Zip Code 78652

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
 03 / 16 / 2007

Transaction ID: 2227589

Amount of Each Receipt this Period  
 150.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marguerite Chandler

Mailing Address P.O. Box 250  
707 East Lake Drive

City Cape May Point State NJ Zip Code 08212

FEC ID number of contributing federal political committee. **C**

Name of Employer Edmar Corp. Occupation Business 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  
 03 / 14 / 2007

Transaction ID: 2223850

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 2188 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Lou Deans

Mailing Address 17200 SW 93rd Avenue

City Palmetto Bay State FL Zip Code 33157

FEC ID number of contributing federal political committee. **C**

Name of Employer JM Hospital Occupation R Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 21 / 2007

Transaction ID: 2228896

Amount of Each Receipt this Period  
 25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Eleanor Grant

Mailing Address 1025 Bamar Lane

City Galveston State TX Zip Code 77554

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
 03 / 19 / 2007

Transaction ID: 2228049

Amount of Each Receipt this Period  
 100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Richard H. Goodwin

Mailing Address P.O. Box 2040

City Salem State CT Zip Code 06420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
 03 / 14 / 2007

Transaction ID: 2223965

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 2189 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Gayle I. Moore

Mailing Address 3115 Mauricia Avenue

City State Zip Code  
Santa Clara CA 95051

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  
03 / 20 / 2007

Transaction ID: 2228609

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Janice Miller

Mailing Address 1266 West 20th Avenue

City State Zip Code  
Oshkosh WI 54902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 22 / 2007

Transaction ID: 2229141

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark Benard

Mailing Address P.O. Box 19350

City State Zip Code  
New Orleans LA 70179

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tulane University Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

Transaction ID: 2228542

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 2190 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Cheryl Braun Mailing Address 1710 N Larrabee Street City Chicago State IL Zip Code 60614 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007 <b>Transaction ID: 2228059</b> Amount of Each Receipt this Period 100.00 Hillary Clinton Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer: Midwest Diagnostic Patho Occupation: Pathologist 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. Julia A. Dominican Mailing Address 3113 Florence Drive City Latham State NY Zip Code 12110 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007 <b>Transaction ID: 2223136</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>C.</b> Full Name (Last, First, Middle Initial) Ms. Jacqueline K. Stefko Mailing Address 171 Colorado Street City Highland Park State MI Zip Code 48203 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007 <b>Transaction ID: 2223024</b> Amount of Each Receipt this Period 25.00 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 2191 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 Seher Mailing Address 310 11th Avenue SE City State Zip Code Jamestown ND 58401 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>0</td><td>3</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: 2224778 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table> Hillary Clinton Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	7	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	6		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>B.</b> Full Name (Last, First, Middle Initial) Ms. Shirley Kalb Mailing Address 1255 North Avenue City State Zip Code New Rochelle NY 10804 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>0</td><td>3</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: 2227737 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Hillary Clinton Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	6		2	0	0	7														
100.00																							
Name of Employer Occupation Hadassah 50W.58 NY Administrator 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. Katherine G. Kelly Mailing Address P.O. Box 1817 City State Zip Code Pawley Island SC 29585 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>0</td><td>3</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> Transaction ID: 2228624 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> Hillary Clinton Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	0		2	0	0	7														
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 ▼ <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 2192 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. J. Dickerson

Mailing Address P.O. Box 1772

City State Zip Code  
Brownwood TX 76804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

Transaction ID: 2224656

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sarah Hancock

Mailing Address 31 Summit Rd

City State Zip Code  
Belmont MA 02478

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 29 / 2007

Transaction ID: 2230914

Amount of Each Receipt this Period  
500.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Frances H. Gonzales

Mailing Address 17012 Treviso Way

City State Zip Code  
Naples FL 34110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 22 / 2007

Transaction ID: 2229070

Amount of Each Receipt this Period  
2100.00

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 2193 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Polly Masters

Mailing Address P.O. Box 106

City State Zip Code  
Ancramdale NY 12503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 22 / 2007

**Transaction ID: 2229125**

Amount of Each Receipt this Period  
200.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Henry M. Lang

Mailing Address 1700 6th Street NW Apt. B24

City State Zip Code  
Winter Haven FL 33881

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  
03 / 20 / 2007

**Transaction ID: 2228664**

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** 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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2007

**Transaction ID: 2228531**

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 2194 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Lauren A. Artress

Mailing Address 309 Coleridge St

City State Zip Code  
San Francisco CA 94110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Grace Cathedral Priest

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2007

Transaction ID: 2230015

Amount of Each Receipt this Period  
125.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Neva R. Dyer

Mailing Address P.O. Box 10

City State Zip Code  
Yorkville CA 95494

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 23 / 2007

Transaction ID: 2229566

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Geraldine E. Merrill

Mailing Address House County Road 830 # 17702

City State Zip Code  
Trinidad CO 81082

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  
03 / 28 / 2007

Transaction ID: 2230493

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 2195 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Ora Gelberg

Mailing Address 170 Park Row, Apt. 8C

City State Zip Code  
New York NY 10038

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  
03 / 23 / 2007

Transaction ID: 2229640

Amount of Each Receipt this Period  
20.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** 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 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  
03 / 26 / 2007

Transaction ID: 2230007

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary A. Thomas

Mailing Address P.O. Box 598

City State Zip Code  
Quincy FL 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  
03 / 23 / 2007

Transaction ID: 2229651

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 2196 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Amy S. Bouska

Mailing Address P.O. Box 515

City State Zip Code  
Cresco IA 52136

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Towers Perrin actuary

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

**Transaction ID: 2227601**

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sandi Cooper

Mailing Address College Of Staten IS History

City State Zip Code  
Staten Island NY 10314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
C.U.N.Y. 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  
03 / 23 / 2007

**Transaction ID: 2229557**

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Carol Thomas

Mailing Address 9917 Queen Circle

City State Zip Code  
Bloomington MN 55431

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  
03 / 14 / 2007

**Transaction ID: 2224087**

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 2197 / 2428
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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. Elaine Chapline-Burns		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 99 Scenic Lake Drive		<b>Transaction ID:</b> 2223013
City State Zip Code Riverhead NY 11901	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>B.</b> Full Name (Last, First, Middle Initial) Ms. Deva Lund		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 174 Vista De Oeste		<b>Transaction ID:</b> 2228926
City State Zip Code Palm Springs CA 92264	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 Time Warner Cable Accounting 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>C.</b> Full Name (Last, First, Middle Initial) Ms. Susan Hanway Scott		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 978 Baneswood Drive		<b>Transaction ID:</b> 2220151
City State Zip Code Kennett Square PA 19348	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 self freelance 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2198 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 R. Hodges		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 975 N Shawn Avenue		<b>Transaction ID:</b> 2228078	
City State Zip Code Oak Harbor WA 98277	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. Polly P Smith		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 307 East 12th Street #4B		<b>Transaction ID:</b> 2220318	
City State Zip Code New York City NY 10003	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 Freelance Costume Designer	<b>[MEMO 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. Joan M Bedinghaus		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 3061 N Marietta Ave		<b>Transaction ID:</b> 2227787	
City State Zip Code Milwaukee WI 53211	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 Medical College of Wisconsin 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>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 2199 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 Rock		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 320 Beach St.		Transaction ID: 2220150	
City Mt. Morris	State MI	Amount of Each Receipt this Period 50.00	
Zip Code 48458		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. Helen M Waterbury		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 3057 S. Higuera, # 181		Transaction ID: 2220160	
City San Luis Obispo	State CA	Amount of Each Receipt this Period 25.00	
Zip Code 93401		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) ▼			

C. Full Name (Last, First, Middle Initial) Mr. Edgar Smith		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address P.O. Box 989 731 Marina Street		Transaction ID: 2223087	
City Morro Bay	State CA	Amount of Each Receipt this Period 25.00	
Zip Code 93443		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 2200 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 M. Favour		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 9523 Fallbrook Drive		Transaction ID: 2228597	
City State Zip Code Dallas TX 75243	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. Full Name (Last, First, Middle Initial) Ms. Margaret Skipper		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 951 W. Orange Grove # 58101		Transaction ID: 2227617	
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>	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		

C. Full Name (Last, First, Middle Initial) Ms. Cynthia P. McCaughan		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 3050 Military Drive NW Apt. 402		Transaction ID: 2230480	
City State Zip Code Washington DC 20009	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>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 2201 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sally Hellring

Mailing Address 95 Harding Drive

City State Zip Code  
South Orange NJ 07079

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Accountant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2223844

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** 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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2007

Transaction ID: 2230810

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Phyllis K. Rosen

Mailing Address PMB 224  
5575 E River Road

City State Zip Code  
Tucson AZ 85750

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  
03 / 16 / 2007

Transaction ID: 2227551

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 2202 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mary L. Turner

Mailing Address 945 Lawton Street

City State Zip Code  
San Francisco CA 94122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

Transaction ID: 2224497

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patti P. Frounfelter

Mailing Address 125 N. Pansy St

City State Zip Code  
Ishpeming MI 49849

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self CURVES 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  
03 / 16 / 2007

Transaction ID: 2224526

Amount of Each Receipt this Period  
20.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Carmen J Williams

Mailing Address 305 Centre St.

City State Zip Code  
Haddonfield NJ 08033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Pennsylvania 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  
03 / 13 / 2007

Transaction ID: 2222824

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 2203 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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. Edgar M. Chase

Mailing Address 9406 Michael Drive

City State Zip Code  
Clinton MD 20735

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2007

Transaction ID: 2228878

Amount of Each Receipt this Period  
200.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Judith Sprei

Mailing Address 9401 Copenhaver Drive

City State Zip Code  
Potomac MD 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Psychologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2007

Transaction ID: 2229404

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Betty Carol Smith

Mailing Address 1699 Fallen Leaf lane

City State Zip Code  
Lincoln CA 95648

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2007

Transaction ID: 2220164

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 2204 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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 O Jimenez		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 932 Franklin Street		<b>Transaction ID:</b> 2228545	
City State Zip Code Wyomissing PA 19610	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton 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> Dr. Sandra E. Adickes		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 93 Renaissance Lane		<b>Transaction ID:</b> 2228968	
City State Zip Code New Brunswick NJ 08901	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation Winona State Univ. 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		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary E. Mostaghim		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 304 Pineridge Street		<b>Transaction ID:</b> 2222773	
City State Zip Code Ann Arbor MI 48103	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		

<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 2205 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Simone P Joyaux

Mailing Address 10 Johnson Road

City State Zip Code  
Foster RI 02825

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2007

Transaction ID: 2229373

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Barbara A Mackoy

Mailing Address 928 Simon Drive

City State Zip Code  
Cedar Hill TX 75104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Fidelity Investments Vice 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  
03 / 15 / 2007

Transaction ID: 2224401

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Katherine G. Sluka

Mailing Address 925 23rd Street

City State Zip Code  
Cody WY 82414

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

Transaction ID: 2227731

Amount of Each Receipt this Period  
250.00

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 2206 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Chris Downing

Mailing Address 11 Discovery Way

City State Zip Code  
Eastsound WA 98245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pacific Graduate Institute Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2007

**Transaction ID: 2224487**

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Judy Augustino

Mailing Address 924 Brown Ave

City State Zip Code  
Westfield NJ 07090

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  
03 / 16 / 2007

**Transaction ID: 2227693**

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Caroline R. DeOlden

Mailing Address 16825 SW Chinook Drive

City State Zip Code  
Crooked River Ranc OR 97760

FEC ID number of contributing 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  
03 / 29 / 2007

**Transaction ID: 2230717**

Amount of Each Receipt this Period  
25.00

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 2207 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Marjorie E. Vanek		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 10241 York Road		<b>Transaction ID:</b> 2228928	
City State Zip Code N. Royalton OH 44133	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		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Genevieve Clarke		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 301 Fairway Village		<b>Transaction ID:</b> 2224796	
City State Zip Code Leeds MA 01053	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		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Polly W. Spaulding		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 92 Heath Lane		<b>Transaction ID:</b> 2220121	
City State Zip Code New London NH 03257	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>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 2208 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 P. Schmalz		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 92 Beacon St Apt 21		Transaction ID: 2223859	
City Boston	State MA	Zip Code 02122	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		
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. Full Name (Last, First, Middle Initial) Ms. Carlene Lutz		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 125 Acacia Circle		Transaction ID: 2222860	
City Indianhead Pk	State IL	Zip Code 60525	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		
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	

C. Full Name (Last, First, Middle Initial) Ms. Louise M. Richardson		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 1674 W Bullard Ave		Transaction ID: 2223926	
City Fresno	State CA	Zip Code 93711	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton Contributions	
Name of Employer Fresno County	Occupation Librarian		
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 2209 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Mr. Roger Ernst

Mailing Address 9176 Highland Ridge Way

City Tampa State FL Zip Code 33647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 16 / 2007

Transaction ID: 2224551

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Frances P. Hanners

Mailing Address 3007 Plymouth Drive

City Bellingham State WA Zip Code 98225

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 19 / 2007

Transaction ID: 2228079

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marielle Tsukamoto

Mailing Address 9132 Doc Bar Street

City Elk Grove State CA Zip Code 95624

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224714

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 2210 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Wendy Jackson

Mailing Address 16708 SE 29th St

City State Zip Code  
Bellevue WA 98008

FEC ID number of contributing federal political committee. **C**

Name of Employer boeing Occupation web developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2007

Transaction ID: 2220456

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ara L. Tyler

Mailing Address 91 Mary Catherine Drive

City State Zip Code  
Lancaster MA 01523

FEC ID number of contributing 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  
03 / 14 / 2007

Transaction ID: 2224089

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Rae Swarte

Mailing Address 3000 Island Boulevard Apt. 2603

City State Zip Code  
Williams Island FL 33160

FEC ID number of contributing 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  
03 / 16 / 2007

Transaction ID: 2227705

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 2211 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 Cerney

Mailing Address 900 W. Vine Street

City State Zip Code  
Lodi CA 95240

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  
03 / 13 / 2007

Transaction ID: 2222978

Amount of Each Receipt this Period  
5.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Rachel B. Waggoner

Mailing Address 900 Universtiy Street, # B-W

City State Zip Code  
Seattle WA 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  
03 / 13 / 2007

Transaction ID: 2223129

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Eva Israel

Mailing Address 12425 Nedra Drive

City State Zip Code  
Granada Hills CA 91344

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 13 / 2007

Transaction ID: 2222902

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 2212 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Atherlie Gidding

Mailing Address 900 Hollinshead Spring Road

City State Zip Code  
Skillman NJ 08558

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 29 / 2007

Transaction ID: 2230670

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lucille Lussenden

Mailing Address 16413 Alpine Drive

City State Zip Code  
Livonia MI 48154

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 13 / 2007

Transaction ID: 2222769

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Patricia Glaude

Mailing Address PO Box 3204

City State Zip Code  
Hayward CA 94540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US Postal Service Postal 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  
03 / 29 / 2007

Transaction ID: 2230700

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 2213 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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. Velma C. Coolidge

Mailing Address 9 Durango Way

City State Zip Code  
Hot Springs AR 71909

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 22 / 2007

Transaction ID: 2229094

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth A. McClure

Mailing Address 8927 Hemlock Street

City State Zip Code  
Rancho Cucamonga CA 91730

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

Transaction ID: 2224586

Amount of Each Receipt this Period  
15.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** 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. **C**

Name of Employer Occupation  
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  
03 / 19 / 2007

Transaction ID: 2228161

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 2214 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Barry		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 8909 12TH Ave NE		Transaction ID: 2223204
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>		Hillary Clinton Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Nat'l Institutes Of Health	Occupation Research Scientist	
Receipt For: <input 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. Eleanora Dalton		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 3-3400 Kuhio Hwy Apt. A303		Transaction ID: 2224134
City State Zip Code Lihue HI 96766	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 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> Mr. Abraham Spector		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 89 Hemlock Drive		Transaction ID: 2224663
City State Zip Code Farmingdale NY 11735	Amount of Each Receipt this Period 12.00	
FEC ID number of contributing federal political committee. <b>C</b>		Hillary Clinton Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer	Occupation Retired	
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 2215 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Kathy Seaton		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address PO Box 426		<b>Transaction ID:</b> 2223207	
City State Zip Code Big Oak Flat CA 95305	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer self Occupation self editor/publisher	<b>[MEMO 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. Susan J. Kwolek		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 8816 Fernwood Path		<b>Transaction ID:</b> 2230446	
City State Zip Code Washington MI 48094	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer E. Detroit Public School Occupation E. Detroit Public School 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. Ann C. Gawler		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 3 Sheridan Court		<b>Transaction ID:</b> 2223187	
City State Zip Code Clifton Park NY 12065	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		

<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 2216 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 Philipson Bloom		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 3 McDonald Place		Transaction ID: 2229622	
City State Zip Code Scarsdale NY 10583	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Bloom Assoc. Occupation Government Consultant	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Pamela C. Allison		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 100 Horseshoe Trail		Transaction ID: 2224276	
City State Zip Code Barnardsville NC 28709	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Bowling Green State University Occupation Professor	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Lori Kassoff		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 8786 Endless Ocean Way		Transaction ID: 2231183	
City State Zip Code Columbia MD 21045	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer B'nai B'rith International Occupation Dir of Data Ops	[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 2217 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

A. Full Name (Last, First, Middle Initial) Ms. Beverly W. Blum		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 3 Ivy Pl		Transaction ID: 2229340	
City State Zip Code Huntington NY 11743	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Self Occupation Lawyer	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 0.00		

B. Full Name (Last, First, Middle Initial) Ms. Janet Krack		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 8774 Laurel Drive		Transaction ID: 2223869	
City State Zip Code Erie PA 16509	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	[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. Deborah Meitin		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 877 Victoria Terrace		Transaction ID: 2231297	
City State Zip Code Altamonte Spring FL 32701	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Hillary Clinton Contributions		
Name of Employer Occupation REQUESTED	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 0.00		

<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 2218 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 V. Mullady

Mailing Address 3300 Juniper Way

City Falls Church State VA Zip Code 22044

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2224038

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Idell Weydemeyer

Mailing Address 877 N Rancho Road

City El Sobrante State CA Zip Code 94803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Economic Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2007

Transaction ID: 2230059

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Deborah B. Friend

Mailing Address 3 Crystal Lane

City Newton State NH Zip Code 03858

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Investment Associate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2007

Transaction ID: 2224784

Amount of Each Receipt this Period  
5.00

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 2219 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. Lorin C. Spencer

Mailing Address 1613 Sawgrass Drive

City Upland State CA Zip Code 91784

FEC ID number of contributing 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  
03 / 28 / 2007

Transaction ID: 2230438

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nancy Hursh Bagley

Mailing Address 1235 8th Avenue West

City Seattle State WA Zip Code 98119

FEC ID number of contributing 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  
03 / 20 / 2007

Transaction ID: 2228589

Amount of Each Receipt this Period  
200.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Floyd L Judd

Mailing Address 8697N TalladegaWay

City Fresno State CA Zip Code 93720

FEC ID number of contributing 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  
03 / 14 / 2007

Transaction ID: 2223929

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 2220 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Laura J Scott

Mailing Address 866 Wharfside Rd.

City State Zip Code  
San Mateo CA 94404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Equinix Marketing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: 2230712

Amount of Each Receipt this Period  
500.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sally R Parker

Mailing Address 8614 Meadowsweet Ct.

City State Zip Code  
Columbia MD 21045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Northrop Grumman software engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2007

Transaction ID: 2220357

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sue Riseling

Mailing Address 2974 Roidt Road

City State Zip Code  
Stoughton WI 53589

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Univ. of Wisconsin - Madison Police Chief

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2007

Transaction ID: 2224140

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 2221 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Dr. Enid V Klauber

Mailing Address 17857 Arbor Greene DR

City Tampa State FL Zip Code 33647

FEC ID number of contributing federal political committee. **C**

Name of Employer bay area infectious disease associates  
Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2007

Transaction ID: 2219917

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. David R. Daniel

Mailing Address 16120 Rancho Del Lago

City moreno valley State CA Zip Code 92551

FEC ID number of contributing federal political committee. **C**

Name of Employer Prudential California Realty  
Occupation Realtor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2007

Transaction ID: 2224836

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Daniela B. Ettlinger

Mailing Address 851 Marina Drive

City Weston State FL Zip Code 33327

FEC ID number of contributing federal political committee. **C**

Name of Employer D&D Enterprises  
Occupation Bookkeeper

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: 2230871

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 2222 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Ann H. Sisson

Mailing Address 8415 Bellona Lane, Apt. 607

City State Zip Code  
Towson MD 21204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

Transaction ID: 2224495

Amount of Each Receipt this Period  
20.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Karen C. Wieder

Mailing Address 1612 Crown Point Avenue

City State Zip Code  
Norman OK 73072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Oklahoma Editorial 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  
03 / 13 / 2007

Transaction ID: 2223047

Amount of Each Receipt this Period  
25.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Gina Danner

Mailing Address 8300 NE Underground Drive

City State Zip Code  
Kansas City MO 64161

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mail, Print Inc 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  
03 / 16 / 2007

Transaction ID: 2224755

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 2223 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 J. Phillips		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 829 NE 103rd Street		<b>Transaction ID:</b> 2227595	
City State Zip Code Seattle WA 98125	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 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. Kay Larriou		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 8230 Macbeth Street		<b>Transaction ID:</b> 2224290	
City State Zip Code Manassas VA 20110	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 Fairfax Co. Schools 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. Gloria J. Fulcher		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 2925 Roanoke Court		<b>Transaction ID:</b> 2228853	
City State Zip Code Bakersfield CA 93306	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 2224 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Deborah E. Wright		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 815 Doud Street		<b>Transaction ID:</b> 2224568	
City State Zip Code Monterey CA 93940	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 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		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Herman E. Payne		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 813 W Tropf Street		<b>Transaction ID:</b> 2227641	
City State Zip Code Advance MO 63730	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 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> Mr. Morton Kaminsky		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 2925 Matthews Avenue		<b>Transaction ID:</b> 2223979	
City State Zip Code Bronx NY 10467	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 NYS Dept. of Motor Vehic Occupation Motor Vehicle Lic. Examne	<b>[MEMO 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 2225 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 M Halloran

Mailing Address 813 Pleasant Hill Road

City Wallingford State PA Zip Code 19086

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation marketing consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 18 / 2007

Transaction ID: 2224547

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Evelyn V. Hess

Mailing Address 2916 Grandin

City Cincinnati State OH Zip Code 45208

FEC ID number of contributing federal political committee. **C**

Name of Employer U Cincinnati Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 16 / 2007

Transaction ID: 2224544

Amount of Each Receipt this Period  
250.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joy Warren

Mailing Address 109 N. Post Oak Lane Ste. 410

City Houston State TX Zip Code 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 29 / 2007

Transaction ID: 2230758

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 2226 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Jennifer G. Allred

Mailing Address 3310 Oakwood Street

City State Zip Code  
Salt Lake City UT 84109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Granite School District 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  
03 / 15 / 2007

Transaction ID: 2224396

Amount of Each Receipt this Period  
10.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Thibodo

Mailing Address 160 White Hollow Road

City State Zip Code  
Sharon CT 06069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 13 / 2007

Transaction ID: 2223011

Amount of Each Receipt this Period  
100.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Esther E. Levine

Mailing Address 123 Via Bellagio

City State Zip Code  
American Cyn CA 94503

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  
03 / 13 / 2007

Transaction ID: 2223044

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 2227 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Hilma Unterberger		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 80 C Seminary Ave. Apt. 362		<b>Transaction ID:</b> 2229130	
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>		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. Sybil Eisenberg		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address Two Franklin Town Bloch Apt. 2204 Logan Square East		<b>Transaction ID:</b> 2224059	
City State Zip Code Philadelphia PA 19103	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> Mrs. Alice Wallace		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 80 Borica Street		<b>Transaction ID:</b> 2223937	
City State Zip Code San Francisco CA 94127	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) ..... ▶	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 2228 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Clara R. Bleak

Mailing Address 10218 Berkshire Road

City State Zip Code  
Bloomington MN 55437

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

Transaction ID: 2227657

Amount of Each Receipt this Period  
50.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. William Thornton

Mailing Address 8 Windsor Place

City State Zip Code  
Mebane NC 27302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 13 / 2007

Transaction ID: 2223152

Amount of Each Receipt this Period  
200.00

Hillary Clinton Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Patricia C Shanley

Mailing Address 123 Cromwell Hill Road

City State Zip Code  
Monroe NY 10950

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Library Media Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224517

Amount of Each Receipt this Period  
30.00

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 2229 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Robert L. French		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 16 Rockholm Road		<b>Transaction ID:</b> 2227713	
City State Zip Code Gloucester MA 01930	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		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Viola Ferris		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 8 Cedar Drive South		<b>Transaction ID:</b> 2223843	
City State Zip Code Old Bethpage NY 11804	Amount of Each Receipt this Period 50.00		
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		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Dolores Crane		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 16 New York Avenue		<b>Transaction ID:</b> 2228994	
City State Zip Code Stony Brook NY 11790	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 2230 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 J. Regnier

Mailing Address 8 Baylor Drive

City State Zip Code  
Longmont CO 80503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Colorado Research Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2007

**Transaction ID:** 2223842

Amount of Each Receipt this Period  
250.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Patricia C Shanley

Mailing Address 123 Cromwell Hill Road

City State Zip Code  
Monroe NY 10950

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Library Media Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2007

**Transaction ID:** 2224519

Amount of Each Receipt this Period  
15.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert Pancner

Mailing Address 7936 Redondo Court

City State Zip Code  
Darien IL 60561

FEC ID number of contributing 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  
03 / 19 / 2007

**Transaction ID:** 2228168

Amount of Each Receipt this Period  
25.00

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 2231 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dianne Engleke Mailing Address 283 Silver Mt. Road City Millerton State NY Zip Code 12546 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2007 <b>Transaction ID:</b> 2231175 Amount of Each Receipt this Period 250.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
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 ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Barbara Fitzpatrick Mailing Address 7901 Seminole Blvd. Apt. 1302 City Seminole State FL Zip Code 33772 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007 <b>Transaction ID:</b> 2224075 Amount of Each Receipt this Period 100.00 Kirsten Gillibrand 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) Dr. Rosalie E. Green Mailing Address 109 Kent Drive City Manassas State VA Zip Code 20111 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007 <b>Transaction ID:</b> 2222963 Amount of Each Receipt this Period 25.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Self Occupation Reading Specialist 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 2232 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 McCully

Mailing Address 282 Woodlawn Terrace

City Bamberg State SC Zip Code 29003

FEC ID number of contributing 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  
03 / 23 / 2007

Transaction ID: 2229637

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ina M Ayliffe

Mailing Address 15905 Bent Tree Forest Cr. 1025

City Dallas State TX Zip Code 75248

FEC ID number of contributing 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  
03 / 05 / 2007

Transaction ID: 2220140

Amount of Each Receipt this Period  
10.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Anita Strauss

Mailing Address 7887 Revelle Drive

City La Jolla State CA Zip Code 92037

FEC ID number of contributing federal political committee. **C**

Name of Employer S.D. Mental Health Association Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2007

Transaction ID: 2224269

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2233 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <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 Weinstein		Date of Receipt M M / D D / Y Y Y Y Y 03 / 19 / 2007	
Mailing Address 2818 N 46 Avenue K - 492		<b>Transaction ID:</b> 2228108	
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>		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>B.</b> Full Name (Last, First, Middle Initial) Ms. Patricia F. Shanks		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 783 Contra Costa Avenue		<b>Transaction ID:</b> 2224538	
City State Zip Code Berkeley CA 94707		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>C.</b> Full Name (Last, First, Middle Initial) Dr. Mary Beth B. Norton		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007	
Mailing Address 159 Remington Road		<b>Transaction ID:</b> 2230644	
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>		Kirsten Gillibrand Contributions	
Name of Employer Occupation Cornell 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 2234 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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. J. H. Sisson

Mailing Address 123 Brankenridge Ave  
Apt. 304

City San Antonio State TX Zip Code 78209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2007

Transaction ID: 2228024

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Carol E. Wadsworth

Mailing Address 102 W 85th Street

City New York State NY Zip Code 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224732

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Miriam Greenblatt

Mailing Address 2754 Roslyn Lane

City Highland Park State IL Zip Code 60035

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  
03 / 16 / 2007

Transaction ID: 2224682

Amount of Each Receipt this Period  
50.00

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 2235 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 Flores		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 77741 Cove Pointe Circle		<b>Transaction ID:</b> 2223079	
City State Zip Code Indian Wells CA 92210		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>B.</b> Full Name (Last, First, Middle Initial) Ms. Peggy B. Larvey		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 776 Purdue Court		<b>Transaction ID:</b> 2230867	
City State Zip Code Santa Clara CA 95051		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand 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. Walter Limbach		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 123 Beechmont Road		<b>Transaction ID:</b> 2227688	
City State Zip Code Pittsburgh PA 15206		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 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 2236 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Jane Gregozek Mailing Address 766 Privet Ct City Sunnyvale State CA Zip Code 94086 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>0</td><td>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2220336 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	7		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>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Linda M. Frank Mailing Address 157 W Shore Road City New Preston State CT Zip Code 06777 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>0</td><td>3</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: 2224477 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	6		2	0	0	7														
50.00																							
Name of Employer Occupation Self Educational Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Pauline Mann Mailing Address 2716 N. Penn City Roswell State NM Zip Code 88201 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>0</td><td>3</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: 2230077 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	6		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>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 2237 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Priscilla Fairbank

Mailing Address 752 Oak Hill Rd

City State Zip Code  
Averill Park NY 12018

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  
03 / 29 / 2007

Transaction ID: 2230851

Amount of Each Receipt this Period  
35.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Ellen W. Miller

Mailing Address 752 County Highway 7

City State Zip Code  
Otego NY 13825

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
State University of NY Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2223994

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Mary Besore

Mailing Address 2705 Stampede Court

City State Zip Code  
Rocklin CA 95765

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223125

Amount of Each Receipt this Period  
50.00

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 2238 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Nancy L Weiss

Mailing Address 75 Richare Eger Drive

City Holyoke State MA Zip Code 01040

FEC ID number of contributing 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  
03 / 15 / 2007

Transaction ID: 2224309

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Elaine Blodgett

Mailing Address 1567 E. Jefferson Way Apt. 205

City Simi Valley State CA Zip Code 93065

FEC ID number of contributing 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  
03 / 23 / 2007

Transaction ID: 2229355

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Gulli Myer

Mailing Address 7484 Foxview Drive

City Warrenton State VA Zip Code 20186

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  
03 / 21 / 2007

Transaction ID: 2228903

Amount of Each Receipt this Period  
25.00

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 2239 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Patrick M. Crowley

Mailing Address 7470 Woolston Road

City State Zip Code  
Bloomfield NY 14469

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  
03 / 23 / 2007

Transaction ID: 2229614

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara D. Larsen

Mailing Address 7415 Pyramid Place

City State Zip Code  
Los Angeles CA 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  
03 / 14 / 2007

Transaction ID: 2224042

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lynn E Miller

Mailing Address 7401 Keisler Way

City State Zip Code  
Louisville KY 40222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US Postal Service Mgr., HR (retired)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2007

Transaction ID: 2230770

Amount of Each Receipt this Period  
25.00

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 2240 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Ilene P. Jagatramcharran

Mailing Address 15500 SE 80th Avenue

City State Zip Code  
Summerfield FL 34491

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224706

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susan Segal

Mailing Address 74 Locust Lane

City State Zip Code  
Eatons Neck NY 11768

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Jericho UFSD REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2007

Transaction ID: 2231252

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jennifer E. Manning

Mailing Address 7363 Swan Point Way

City State Zip Code  
Columbia MD 21045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Library of Congress Librarian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222967

Amount of Each Receipt this Period  
30.00

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 2241 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Marjorie S Saulson		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 26662 Scenic Hwy		Transaction ID: 2230647	
City State Zip Code Franklin MI 48025	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions	
Name of Employer self-employed Occupation note business	<b>[MEMO 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. Mary A Braunagel-Brown		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 7321 Roaring Springs Dr.		Transaction ID: 2220214	
City State Zip Code Austin TX 78736	Amount of Each Receipt this Period 200.00		
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		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Jeffrey R. Miller		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 7315 Wood Stream Drive		Transaction ID: 2223025	
City State Zip Code Indianapolis IN 46254	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand 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>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 2242 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Blaikie Worth Mailing Address 1220 Park Avenue City New York State NY Zip Code 10128 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007 <b>Transaction ID: 2222870</b> Amount of Each Receipt this Period 250.00 Kirsten Gillibrand 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) Dr. Katherine M. Verdery Mailing Address 730 Ft Washington Av 5B Apt. 5B City New York State NY Zip Code 10040 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007 <b>Transaction ID: 2230795</b> Amount of Each Receipt this Period 100.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer City University of New York Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Professor Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Christine E Henry Mailing Address 729 Mill St. City Moorestown State NJ Zip Code 08057 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007 <b>Transaction ID: 2230829</b> Amount of Each Receipt this Period 50.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer The Jet Pulverizer Co. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation treasurer 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 2243 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Christine Coffin		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 265 Hilltop Drive		<b>Transaction ID:</b> 2230082	
City State Zip Code Hamilton MT 59840	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Kirsten Gillibrand Contributions		
Name of Employer Occupation Employee Mgmnd Care Corp 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		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Joseph C. Najpaver		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 154 Lombard, # 46		<b>Transaction ID:</b> 2223921	
City State Zip Code San Francisco CA 94111	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	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>C.</b> Full Name (Last, First, Middle Initial) Ms. Selene Levine		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 720 Milton Road		<b>Transaction ID:</b> 2230504	
City State Zip Code Rye NY 10580	Amount of Each Receipt this Period 18.00		
FEC ID number of contributing federal political committee. C	Kirsten Gillibrand 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 2244 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 PI

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  
MM / DD / YYYY  
03 / 31 / 2007

Transaction ID: 2231165

Amount of Each Receipt this Period  
30.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jacqueline J. Goldberg

Mailing Address 718 Ridge Avenue

City State Zip Code  
Evanston IL 60202

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  
MM / DD / YYYY  
03 / 21 / 2007

Transaction ID: 2228955

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Emma M Rosow

Mailing Address 122 Green Way

City State Zip Code  
Wayland MA 01778

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: 2230831

Amount of Each Receipt this Period  
50.00

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 2245 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Carole T Goldberg

Mailing Address 715 South Brooksvale Road

City State Zip Code  
Cheshire CT 06410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Yale University Health Services Psychologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: 2230808

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Herzberg

Mailing Address 713 N. Palm Drive

City State Zip Code  
Beverly Hills CA 90210

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  
MM / DD / YYYY  
03 / 16 / 2007

Transaction ID: 2224446

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Patrick J Barbush

Mailing Address 2611 Taft Court

City State Zip Code  
Fullerton CA 92835

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: 2230858

Amount of Each Receipt this Period  
50.00

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 2246 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Rudolph Hurwich

Mailing Address 2608 Ninth Street

City State Zip Code  
Berkeley CA 94710

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Mgmt Counselor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2007

Transaction ID: 2229086

Amount of Each Receipt this Period  
250.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Carol A Starmack

Mailing Address 71 Leonard Street # 5N

City State Zip Code  
New York NY 10013

FEC ID number of contributing federal political committee. **C**

Name of Employer The Century Foundation Occupation  
administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: 2230824

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Brenda Potter

Mailing Address 703 North Elm Drive

City State Zip Code  
Beverly Hills CA 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation  
R.N.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2007

Transaction ID: 2230050

Amount of Each Receipt this Period  
250.00

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 2247 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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 E Leonard

Mailing Address 2608 Cascade Dr

City State Zip Code  
Austin TX 78757

FEC ID number of contributing 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  
03 / 16 / 2007

Transaction ID: 2227600

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Virgil E Vickers

Mailing Address 70 Windermere Road

City State Zip Code  
Auburndale MA 02466

FEC ID number of contributing 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  
03 / 14 / 2007

Transaction ID: 2224081

Amount of Each Receipt this Period  
175.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Janet Sullivan

Mailing Address 260 W. End Avenue

City State Zip Code  
New York NY 10023

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  
03 / 13 / 2007

Transaction ID: 2223173

Amount of Each Receipt this Period  
50.00

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 2248 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Quarrier B. Cook

Mailing Address 1085 Camino Manana

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  
03 / 20 / 2007

Transaction ID: 2228183

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jacqueline Bergen

Mailing Address 70 W. Burton Place

City State Zip Code  
Chicago IL 60610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224728

Amount of Each Receipt this Period  
250.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222777

Amount of Each Receipt this Period  
25.00

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 2249 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Melinda G Hardin

Mailing Address 7 Wharf Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation Various

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2007

Transaction ID: 2224735

Amount of Each Receipt this Period  
250.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Effie E. Westervelt

Mailing Address 26 Southridge East

City State Zip Code  
Tiburon CA 94920

FEC ID number of contributing 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  
03 / 15 / 2007

Transaction ID: 2224229

Amount of Each Receipt this Period  
250.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jo Ann Byler

Mailing Address 1523 E. Woodland Drive

City State Zip Code  
Dalton Gardens ID 83815

FEC ID number of contributing federal political committee. **C**

Name of Employer Womens Center Thrift Store Occupation Saleswoman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2007

Transaction ID: 2224601

Amount of Each Receipt this Period  
8.00

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 2250 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Chris S. Grossman		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 7 Nott Road		<b>Transaction ID:</b> 2223848	
City State Zip Code Rexford NY 12148		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>B.</b> Full Name (Last, First, Middle Initial) Mr. J. Sheppard Poor		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 7 Azalea Lane		<b>Transaction ID:</b> 2228561	
City State Zip Code Rumson NJ 07760		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>C.</b> Full Name (Last, First, Middle Initial) Ms. Eleanor Eisenberg		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 6961 184th Street		<b>Transaction ID:</b> 2227679	
City State Zip Code Flushing NY 11365		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 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 2251 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. Raymond Fields

Mailing Address 6944 Viale Elizabeth

City State Zip Code  
Delray Beach FL 33446

FEC ID number of contributing 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  
03 / 16 / 2007

**Transaction ID: 2227676**

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** 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  
MM / DD / YYYY  
03 / 20 / 2007

**Transaction ID: 2228568**

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert Tartell

Mailing Address 690 Hawthorne Street

City State Zip Code  
West Hempstead NY 11552

FEC ID number of contributing 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  
03 / 15 / 2007

**Transaction ID: 2224324**

Amount of Each Receipt this Period  
50.00

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 2252 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Edward L. Hutton

Mailing Address 255 E. 5th Street, Fl 26

City State Zip Code  
Cincinnati OH 45202

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  
03 / 16 / 2007

Transaction ID: 2227689

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles H Christensen

Mailing Address 69 High Road

City State Zip Code  
Newbury MA 01951

FEC ID number of contributing 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  
03 / 16 / 2007

Transaction ID: 2224481

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Doe Mayer

Mailing Address 2545 Verbena Drive

City State Zip Code  
Hollywood CA 90068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
USC Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2007

Transaction ID: 2230049

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ► **0.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2253 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Alan M. Solinger		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 6895 Elverton Drive		<b>Transaction ID:</b> 2224686	
City State Zip Code Oakland CA 94611	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Kirsten Gillibrand Contributions		
Name of Employer Occupation XOMA(US)LLD 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> Mr. Masao Yafuso		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 25312 Cheyenne Way		<b>Transaction ID:</b> 2220347	
City State Zip Code Lake Forest CA 92630	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	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		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Joan C. Barram		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 1515 Redwood Drive		<b>Transaction ID:</b> 2230800	
City State Zip Code Los Altos CA 94024	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Kirsten Gillibrand Contributions		
Name of Employer Occupation none 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 2254 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Emilie Simpson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007
Mailing Address 675 Harding Place Apt F4		<b>Transaction ID:</b> 2223208
City Nashville State TN Zip Code 37211	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Genesco Inc	Occupation Accountant Payable Clerk	
Receipt For: <input 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. Pamela De Haven Wood		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007
Mailing Address 252 W 76th Street Apt. 3B		<b>Transaction ID:</b> 2222871
City New York State NY Zip Code 10023	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Freids Seminary	Occupation Educational Administrator	
Receipt For: <input 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. Nancy G. Sippel		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007
Mailing Address 1515 Brooklyn Avenue		<b>Transaction ID:</b> 2224457
City Ann Arbor State MI Zip Code 48104	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand 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 2255 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 W Holdenvenzon Mailing Address 6722 Mewall Drive City San Diego State CA Zip Code 92119 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007 <b>Transaction ID: 2222998</b> Amount of Each Receipt this Period 10.00 Kirsten Gillibrand 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. Marlene Sanders Toobin Mailing Address 670 West End Avenue #14A City New York State NY Zip Code 10025 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007 <b>Transaction ID: 2228889</b> Amount of Each Receipt this Period 100.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation NYU 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. Edward D. Pillar Mailing Address 668 Rochdale Circle City Lombard State IL Zip Code 60148 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007 <b>Transaction ID: 2223894</b> Amount of Each Receipt this Period 30.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Elwood Public Schls 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 2256 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Turley		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 1075 Broadway P.O. Box 208		<b>Transaction ID:</b> 2230926
City Pleasantville State NY Zip Code 10570	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer 32BJ Legal Services Fund 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Susan Schwarz		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 249 Martling Ave		<b>Transaction ID:</b> 2224717
City Tarrytown State NY Zip Code 10514	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Purchase College Occupation Development 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>C.</b> Full Name (Last, First, Middle Initial) Ms. Phyllis J. Cohen		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 6619 Mercer Street		<b>Transaction ID:</b> 2230850
City Houston State TX Zip Code 77005	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer City of West University Occupation Council Member	<b>[MEMO 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 2257 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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 Packer

Mailing Address 6601 Tennyson Street NE  
Apt. 3203

City State Zip Code  
Albuquerque NM 87111

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  
03 / 23 / 2007

Transaction ID: 2229402

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Tina M. Martin

Mailing Address 6601 Old Stage Road

City State Zip Code  
N. Bethesda MD 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Martin-Schaffer, Inc 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  
03 / 13 / 2007

Transaction ID: 2223151

Amount of Each Receipt this Period  
250.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nancy G. Papa

Mailing Address 121 Stacia Street

City State Zip Code  
Los Gatos CA 95030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 28 / 2007

Transaction ID: 2230469

Amount of Each Receipt this Period  
25.00

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 2258 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Addeleston		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 66 Merion Lane		<b>Transaction ID:</b> 2223975	
City State Zip Code Jackson NJ 08527	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 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. Anne T. Waller		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 247 Stannard Hill Road		<b>Transaction ID:</b> 2230545	
City State Zip Code Cherry Valley NY 13320	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		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Elizabeth M. Sherman		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 245 E. 93rd Street, Apt. 18B		<b>Transaction ID:</b> 2231309	
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand 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 2259 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 S. Collier

Mailing Address 7330 Selden Roa

City State Zip Code  
Le Roy NY 14482

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Eastman Kodak 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  
03 / 22 / 2007

Transaction ID: 2229124

Amount of Each Receipt this Period  
20.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert F Bisson

Mailing Address 735 County Route 25

City State Zip Code  
Stuyvesant NY 12173

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 29 / 2007

Transaction ID: 2230845

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Angela Elliston

Mailing Address 656 Sunset Lane

City State Zip Code  
East Lansing MI 48823

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2227646

Amount of Each Receipt this Period  
25.00

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 2260 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 K. Huschke

Mailing Address 655 India Street, # 403

City State Zip Code  
San Diego CA 92101

FEC ID number of contributing 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  
03 / 29 / 2007

Transaction ID: 2230945

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Faline Lee Fisher

Mailing Address 652 Quarry Ln

City State Zip Code  
Richmond Hts OH 44143

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  
03 / 21 / 2007

Transaction ID: 2228917

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Barry Klonsky

Mailing Address 24482 Moonfire Drive

City State Zip Code  
Dana Point CA 92629

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self PHYSICAL THERAPIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: 2230816

Amount of Each Receipt this Period  
50.00

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 2261 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Joy Griffin

Mailing Address 652 Quarry Lane

City Richmond Heights State OH Zip Code 44143

FEC ID number of contributing federal political committee. **C**

Name of Employer NW Horticultural Sales, Inc. Occupation Horticultural 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  
03 / 19 / 2007

**Transaction ID:** 2228029

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Margaret M. Poyatt

Mailing Address 651 Vanderbilt Street #7L

City Brooklyn State NY Zip Code 11218

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 16 / 2007

**Transaction ID:** 2224619

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Deborah A Forczek

Mailing Address 1507 Belle Haven Rd

City Alexandria State VA Zip Code 22307

FEC ID number of contributing federal political committee. **C**

Name of Employer General Dynamics IT Occupation Propsoal 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  
03 / 13 / 2007

**Transaction ID:** 2222941

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2262 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Wrigley

Mailing Address 1070 W. Jefferson Street

City State Zip Code  
Franklin IN 46131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223019

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Caroline Garcia

Mailing Address 244 Madison Avenue  
Apt. 14E

City State Zip Code  
New York NY 10016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NY Power Authority Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2227819

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lieselotte N. Betterman

Mailing Address 1506 Willow Lane

City State Zip Code  
Mt. Prospect IL 60056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2223934

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 2263 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Alice C. Katzung

Mailing Address 65 Knoll Road

City State Zip Code  
San Rafael CA 94901

FEC ID number of contributing 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  
03 / 13 / 2007

Transaction ID: 2223081

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael O'Connor

Mailing Address 649 E. 14th Street, Apt. 2C

City State Zip Code  
New York NY 10009

FEC ID number of contributing 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  
03 / 13 / 2007

Transaction ID: 2223168

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** 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  
03 / 22 / 2007

Transaction ID: 2229165

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 2264 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Andy Starr		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 6489 Sahrles Road		<b>Transaction ID:</b> 2228883
City State Zip Code Dansville NY 14437	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Self Occupation Real Estate	<b>[MEMO 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. Miriam W. Schulman		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 645 Tuallitan Road		<b>Transaction ID:</b> 2224575
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>	Kirsten Gillibrand Contributions	
Name of Employer SELF 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>C.</b> Full Name (Last, First, Middle Initial) Ms. Joan M. Anderson		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 2427 Kessler Blvd.		<b>Transaction ID:</b> 2224248
City State Zip Code Lincoln NE 68502	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Woods Bros. Occupation Real estate education	<b>[MEMO 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 2265 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Karen Nelson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2007	
Mailing Address 2417 Ken Oak Road		<b>Transaction ID:</b> 2228501	
City State Zip Code Baltimore MD 21209		Amount of Each Receipt this Period 35.00	
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>B.</b> Full Name (Last, First, Middle Initial) Ms. Margaret C. Bisberg		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 1506 S. Courtland Avenue		<b>Transaction ID:</b> 2227786	
City State Zip Code Park Ridge IL 60068		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 IRS Revenue Agent		<b>[MEMO 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. Betty A. Prashker		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2007	
Mailing Address 241 Central Park West		<b>Transaction ID:</b> 2220126	
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>		Kirsten Gillibrand Contributions	
Name of Employer Occupation Self 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>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 2266 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Eva Shaye		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 2405 Briarcrest Road		<b>Transaction ID:</b> 2230014	
City State Zip Code Beverly Hills CA 90210	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Kirsten Gillibrand 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		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Barbara Bainum		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 6415 Shadow Road		<b>Transaction ID:</b> 2228661	
City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Kirsten Gillibrand Contributions		
Name of Employer Self employed Occupation Business Person	<b>[MEMO 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. Steve C Roehm		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 12 Windsor Place		<b>Transaction ID:</b> 2230852	
City State Zip Code Upper Montclair NJ 07043	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Kirsten Gillibrand Contributions		
Name of Employer IBM Occupation Faculty	<b>[MEMO 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 2267 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 B. Pennink

Mailing Address 635 Medford Leas

City State Zip Code  
Medford NJ 08055

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  
03 / 22 / 2007

Transaction ID: 2229113

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jerry A. Ellis

Mailing Address 6336 Cotton Drive SE

City State Zip Code  
Olympia WA 98513

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Washington State Adminstrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2223905

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen Smith

Mailing Address 6324 Morrowfield Ave

City State Zip Code  
Pittsburgh PA 15217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EDMC 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  
03 / 16 / 2007

Transaction ID: 2227797

Amount of Each Receipt this Period  
50.00

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 2268 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Molly B Turlish

Mailing Address 1070 Beacon Street #5C

City State Zip Code  
Brookline MA 02446

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: 2230801

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marcia Baum

Mailing Address 1011 Ridge Court

City State Zip Code  
Evanston IL 60202

FEC ID number of contributing 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  
03 / 16 / 2007

Transaction ID: 2227784

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Susan M. Gregory

Mailing Address 10 Depot Hill Road

City State Zip Code  
Amenia NY 12501

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  
03 / 16 / 2007

Transaction ID: 2227728

Amount of Each Receipt this Period  
25.00

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 2269 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input 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. Karen Nibbelink Lundy		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 6306 35th Street N.		Transaction ID: 2229090
City State Zip Code Arlington VA 22213	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Occupation MCI Telecommunications 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> Mrs. Hannah L. Donigan		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 630 W Commerce Road		Transaction ID: 2229544
City State Zip Code Commerce MI 48382	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 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. Audrey E. Moore		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 24 Liberty Street		Transaction ID: 2223015
City State Zip Code Fords NJ 08863	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Occupation US EPA Enviornmental Scientist	<b>[MEMO 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 2270 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Lucille Celia Behrens

Mailing Address 63 South Lilburn Drive

City State Zip Code  
Garnerville NY 10923

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2007

Transaction ID: 2230094

Amount of Each Receipt this Period  
10.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Linda Hirst Levine

Mailing Address 6296 Fleecydale Rd  
Box 234

City State Zip Code  
Carversville PA 18913

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2007

Transaction ID: 2230918

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** 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 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  
03 / 26 / 2007

Transaction ID: 2230008

Amount of Each Receipt this Period  
50.00

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 2271 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Amy L Lowrey

Mailing Address 1502 Newning Avenue

City State Zip Code  
Austin TX 78704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Freelance Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2007

Transaction ID: 2231159

Amount of Each Receipt this Period  
250.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Eileen Siedman

Mailing Address 12 Lomita Drive

City State Zip Code  
Mill Valley CA 94941

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  
03 / 14 / 2007

Transaction ID: 2223864

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lois M Sturm

Mailing Address 628 East 14th Street #6

City State Zip Code  
New York NY 10009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sullivan & Cromwell LLP legal secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: 2230814

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 2272 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 D. Grunes

Mailing Address 237 Trevethan Avenue

City State Zip Code  
Santa Cruz CA 95062

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation  
community volunteer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229422

Amount of Each Receipt this Period  
20.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. James E. Kline

Mailing Address 1500 Sheridan Road  
Apt. 5G

City State Zip Code  
Wilmette IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2223891

Amount of Each Receipt this Period  
500.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. William Hackett

Mailing Address 6203 Bellwood Street

City State Zip Code  
San Antonio TX 78249

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pisable Veteran

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2223206

Amount of Each Receipt this Period  
10.10

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 2273 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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. Evelyn M. Feintech

Mailing Address 10106 Emyprean 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  
MM / DD / YYYY  
03 / 26 / 2007

Transaction ID: 2230043

Amount of Each Receipt this Period  
250.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Virginia C McIntosh

Mailing Address 616 West Cliveden Street

City State Zip Code  
Philadelphia PA 19119

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  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: 2230920

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Odessa Morris

Mailing Address 237 16th Street SE

City State Zip Code  
Washington DC 20003

FEC ID number of contributing 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  
03 / 13 / 2007

Transaction ID: 2222953

Amount of Each Receipt this Period  
15.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 0.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2274 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Terry Maul Mailing Address 6155 Bluffwood Drive City State Zip Code Riverside CA 92506 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007 <b>Transaction ID: 2223076</b> Amount of Each Receipt this Period 25.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation 35 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) Ms. Frances G Pepper Mailing Address 233 Oliver Road City State Zip Code Cincinnati OH 45215 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2007 <b>Transaction ID: 2229564</b> Amount of Each Receipt this Period 100.00 Kirsten Gillibrand 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>C.</b> Full Name (Last, First, Middle Initial) Ms. Mary E Breitlow Mailing Address 607 Ventura Street City State Zip Code Richmond CA 94805 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007 <b>Transaction ID: 2231181</b> Amount of Each Receipt this Period 150.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation N/A Homemaker 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 2275 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Frances G Pepper Mailing Address 233 Oliver Road City Cincinnati State OH Zip Code 45215 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>0</td><td>3</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: 2224383 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	5		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>B.</b> Full Name (Last, First, Middle Initial) Ms. Georgia Phelps Steiger Mailing Address 604 Fountainhead 2131 Lakeview Drive City Sebring State FL Zip Code 33870 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>0</td><td>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2230523 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	8		2	0	0	7														
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 ▼ <table border="1"> <tr> <td>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Shirley S Davis Mailing Address 6021 E Avenida Arriba City Tucson State AZ Zip Code 85750 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>0</td><td>3</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: 2230822 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	7	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	9		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>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 2276 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Louise J Gilmore

Mailing Address 60 Cooper Street, # 1G

City State Zip Code  
New York NY 10034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
howard-sloan legal search recruiter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2007

Transaction ID: 2230794

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Laura S Murra

Mailing Address 2325 Oak Street  
National Clearinghouse on Mari

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  
03 / 05 / 2007

Transaction ID: 2220173

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Eva Jane R. Coombe

Mailing Address 6 Corbin Drive

City State Zip Code  
Cincinnati OH 45208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 14 / 2007

Transaction ID: 2223986

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 2277 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 Coutu		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 1473 Duckworth Street		<b>Transaction ID:</b> 2227745	
City State Zip Code Morganton NC 28655	Amount of Each Receipt this Period 20.00		
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		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Maudena Z. Byrne		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007	
Mailing Address 1181 E. 1st Avenue, Apt. 1803		<b>Transaction ID:</b> 2223952	
City State Zip Code Broomfield CO 80020	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand 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. Kathryn H Fishman		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2007	
Mailing Address 2316 Clover Lane		<b>Transaction ID:</b> 2220166	
City State Zip Code Northfield IL 60093	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions		
Name of Employer Occupation North Shore Youth Health Services 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 2278 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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. Kingdon

Mailing Address 1062 Carter's Grove

City Indianapolis State IN Zip Code 46260

FEC ID number of contributing 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  
03 / 16 / 2007

Transaction ID: 2227778

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Martha Mehta

Mailing Address 2315 Medford Road

City Ann Arbor State MI Zip Code 48104

FEC ID number of contributing 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  
03 / 13 / 2007

Transaction ID: 2222831

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Carol A Durham

Mailing Address 5719 Bell Tower Lane

City Fort Wayne State IN Zip Code 46815

FEC ID number of contributing 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  
03 / 16 / 2007

Transaction ID: 2224467

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 2279 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Gary E. Striker

Mailing Address 570 NE 57th Street

City Miami State FL Zip Code 33137

FEC ID number of contributing federal political committee. **C**

Name of Employer U of Miami Occupation Research

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 3 0 / 2 0 0 7

Transaction ID: 2231329

Amount of Each Receipt this Period  
 50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Susan D Fischer

Mailing Address 563 Orchid Lane

City Del Mar State CA Zip Code 92014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 6 / 2 0 0 7

Transaction ID: 2224493

Amount of Each Receipt this Period  
 25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Hannah Banks

Mailing Address 790 Boylston Street

City Boston State MA Zip Code 02199

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation architect

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 0 6 / 2 0 0 7

Transaction ID: 2220246

Amount of Each Receipt this Period  
 20.00

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 2280 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Rogin

Mailing Address 5627 Olinda Road

City State Zip Code  
El Sobrante CA 94803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2227632

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Linda G. Keetch

Mailing Address 146 Paddock Avenue

City State Zip Code  
Pismo Beach CA 93449

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lucia Mar School District High 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  
03 / 14 / 2007

Transaction ID: 2223879

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sheryl A. Rhodes

Mailing Address 56 Sycamore Ridge

City State Zip Code  
Honeoye Falls NY 14472

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-employed Full-time mom/freelance editor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224690

Amount of Each Receipt this Period  
25.00

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 2281 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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 Krevitsky

Mailing Address 56 Roger Drive

City State Zip Code  
Port Washington NY 11050

FEC ID number of contributing federal political committee. **C**

Name of Employer Ernst and Young Occupation CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2007

Transaction ID: 2228991

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nancy A. Adams

Mailing Address 14518 Shaker Blvd.

City State Zip Code  
Shaker Heights OH 44120

FEC ID number of contributing 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  
03 / 16 / 2007

Transaction ID: 2227579

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** 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  
MM / DD / YYYY  
03 / 21 / 2007

Transaction ID: 2228874

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 2282 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Diane E. King

Mailing Address 5568 Louis Avenue

City State Zip Code  
Brewerton NY 13029

FEC ID number of contributing federal political committee. **C**

Name of Employer  
ONONTAGA COUNTY HEALTH DE-PT

Occupation  
BACTERIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 19 / 2007

Transaction ID: 2228102

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contri-  
butions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Bonnie R Clendenning

Mailing Address 23 Blake Street

City State Zip Code  
Newton MA 02460

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Archaeological Institute

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  
03 / 11 / 2007

Transaction ID: 2220426

Amount of Each Receipt this Period  
250.00

Kirsten Gillibrand Contri-  
butions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Susan Brauneiss

Mailing Address 555 North Bristol Avenue

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 ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2007

Transaction ID: 2229701

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contri-  
butions

**[MEMO ITEM]**  
MEMO

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2283 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Kaufmann

Mailing Address 5533 Tiger Road

City State Zip Code  
Edwardsville IL 62025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 14 / 2007

Transaction ID: 2224160

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kathy Jarrett

Mailing Address 5511 Golden Gate Avenue

City State Zip Code  
Oakland CA 94618

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  
03 / 16 / 2007

Transaction ID: 2224769

Amount of Each Receipt this Period  
10.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Neil J Woodruff

Mailing Address 22802 Oatlands Grove Place

City State Zip Code  
Ashburn VA 20148

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NA 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  
03 / 07 / 2007

Transaction ID: 2220362

Amount of Each Receipt this Period  
5.00

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 2284 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Mountain		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address 1444 Church Street NW #401		Transaction ID: 2220251
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer various entertainment employers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Lighting Designer Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Linda Zenick		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 5500 Friendship Blvd. Apt. N1522		Transaction ID: 2227815
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>		Kirsten Gillibrand Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Unemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Nurse/Health Coordinator Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Ruth M Wright		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 1440 High Street		Transaction ID: 2224804
City State Zip Code Boulder CO 80304	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand 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 2285 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Maj. Bonnie O'Leary

Mailing Address 2243 S. Kingston Court

City Aurora State CO Zip Code 80014

FEC ID number of contributing 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  
03 / 13 / 2007

Transaction ID: 2223000

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Dorothea Petersen

Mailing Address 10 Wellington Way

City Niskayuna State NY Zip Code 12309

FEC ID number of contributing 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  
03 / 28 / 2007

Transaction ID: 2230519

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lucille Cooper

Mailing Address 5460 Paseo del Lago

City Laguna Woods State CA Zip Code 92637

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2007

Transaction ID: 2229465

Amount of Each Receipt this Period  
25.00

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 2286 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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) Mr. Lawrence E. Crooks		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 5439 Sacramento Avenue		<b>Transaction ID:</b> 2227614
City Richmond State CA Zip Code 94804	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Self Occupation Electrical Engineer	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. Elaine R. Bayus		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 117 Requa Road		<b>Transaction ID:</b> 2220143
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>		Kirsten Gillibrand Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Orrick, Herrington & Sutcliffe LLP Occupation lawyer	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) Mr. Ernest P. Bicknell		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 5437 Thomas Avenue		<b>Transaction ID:</b> 2223039
City Oakland State CA Zip Code 94618	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand 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) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2287 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Fred G. Davis

Mailing Address 222 Clinton Street, Apt. 3

City State Zip Code  
Penn Yan NY 14527

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 21 / 2007

Transaction ID: 2228869

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sally Mock

Mailing Address 1433 Glenbrook Drive

City State Zip Code  
Oklahoma City OK 73118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
McAfee & Taft Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224421

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mitchell Harwitz

Mailing Address 222 Bedford Ave

City State Zip Code  
Buffalo NY 14216

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 31 / 2007

Transaction ID: 2231177

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 2288 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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. Rae W Rohfeld

Mailing Address 532 Winkworth Parkway

City State Zip Code  
Syracuse NY 13215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Empire State College Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: 2230855

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Deborah L Fishbein

Mailing Address 2218 St. James Street

City State Zip Code  
Philadelphia PA 19103

FEC ID number of contributing 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  
03 / 29 / 2007

Transaction ID: 2230823

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Adolfo Tarango

Mailing Address 5310 Repecho Drive Apt V201

City State Zip Code  
San Diego CA 92124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U of CA Librarian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2007

Transaction ID: 2228963

Amount of Each Receipt this Period  
25.00

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 2289 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 W. Mayers		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 5300 South Shore Drive, # 107		<b>Transaction ID:</b> 2229532
City State Zip Code Chicago IL 60615	Amount of Each Receipt this Period 200.00	
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	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Catherine Day-Carlson		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 221 Elderwood Ave.		<b>Transaction ID:</b> 2222070
City State Zip Code Pelham NY 10803	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Occupation Self Literacy Non Profit Founder	<b>[MEMO 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. Venetia Holland		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 526 Alleghey Avenue		<b>Transaction ID:</b> 2222939
City State Zip Code Baltimore MD 21204	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Occupation Coldwell Banker Realtor	<b>[MEMO 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 2290 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Marian I. Heller		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 525 West End Avenue #11J		<b>Transaction ID:</b> 2222761
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Metropolitan Opera Company Occupation Musician	<b>[MEMO 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 Raak		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 220 Schenley Rd		<b>Transaction ID:</b> 2224511
City State Zip Code Pittsburgh PA 15217	Amount of Each Receipt this Period 25.00	
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>C.</b> Full Name (Last, First, Middle Initial) Mr. Hill Blackett, III		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 117 Requa Road		<b>Transaction ID:</b> 2220147
City State Zip Code Piedmont CA 94611	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Friedman Dumas & Springwater LLP Occupation 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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2291 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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 W. Greenwald

Mailing Address 10577 Drexton Place

City State Zip Code  
Newburgh IN 47630

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  
03 / 20 / 2007

Transaction ID: 2228616

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** 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  
MM / DD / YYYY  
03 / 22 / 2007

Transaction ID: 2229159

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Kay Russell

Mailing Address 5200 S. Nova Road # 218

City State Zip Code  
Port Orange FL 32127

FEC ID number of contributing 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  
03 / 16 / 2007

Transaction ID: 2227639

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 0.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2292 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Burnley T. Perrin		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 520 N Street, SW Apt. S-516		<b>Transaction ID:</b> 2228920
City State Zip Code Washington DC 20024	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>B.</b> Full Name (Last, First, Middle Initial) Ms. Nancy Bernstein		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 1425 Wightman Street		<b>Transaction ID:</b> 2230856
City State Zip Code Pittsburgh PA 15217	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer not employed Occupation public health 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>C.</b> Full Name (Last, First, Middle Initial) Mrs. Karen S. Jakes		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007
Mailing Address 520 East 86th Street Apt. 13-C		<b>Transaction ID:</b> 2231178
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Occupation Albert Einstein College of Medicine Biologist	<b>[MEMO 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 2293 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Janice Shapiro

Mailing Address 220 Parkwood Avenue

City State Zip Code  
Rochester NY 14620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2007

Transaction ID: 2230543

Amount of Each Receipt this Period  
250.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Grace McIlvain

Mailing Address 5175 N Tigua Drive

City State Zip Code  
Tucson AZ 85704

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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222885

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Claire Barnett

Mailing Address 22 5th Avenue

City State Zip Code  
Saratoga Springs NY 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Healthy Schools Network 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  
03 / 30 / 2007

Transaction ID: 2231286

Amount of Each Receipt this Period  
50.00

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 2294 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 J. Showers

Mailing Address 5138 South Ridge Road

City State Zip Code  
Cincinnati OH 45224

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2224332

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Calvin Stempel

Mailing Address 14203 SW 66th Street Apt. 107B

City State Zip Code  
Miami FL 33183

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2223950

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** 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  
03 / 14 / 2007

Transaction ID: 2224093

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:	PAGE 2295 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lee D Aurich

Mailing Address 5108 Cochrane Ave

City State Zip Code  
Oakland CA 94618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CellPoint Diagnostics Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2007

Transaction ID: 2230844

Amount of Each Receipt this Period  
200.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Miss Leila E. Tolleson

Mailing Address 11613 SE 7th Street, Apt. 236

City State Zip Code  
Vancouver WA 98683

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  
03 / 15 / 2007

Transaction ID: 2224314

Amount of Each Receipt this Period  
5.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Carol Schneebaum

Mailing Address 51 Landing Drive

City State Zip Code  
Dobbs Ferry NY 10522

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  
03 / 16 / 2007

Transaction ID: 2224451

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 2296 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Wansley		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 51 Chula Lane		<b>Transaction ID:</b> 2229408	
City State Zip Code San Francisco CA 94114	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	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		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Jan H. Trachtman		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 2166 Broadway # 20E		<b>Transaction ID:</b> 2230925	
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	Kirsten Gillibrand Contributions		
Name of Employer Occupation The Jan Hopkins Group 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>C.</b> Ms. Joan Skurnik		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 216 West 89th Street, Apt. 8A		<b>Transaction ID:</b> 2224506	
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	Kirsten Gillibrand Contributions		
Name of Employer Occupation A.J. Heschel School 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 2297 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 Pelham State NY Zip Code 10803

FEC ID number of contributing federal political committee. **C**

Name of Employer Isny Occupation atty

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 29 / 2007

Transaction ID: 2230841

Amount of Each Receipt this Period  
250.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Sandra G. Cohen

Mailing Address 10 River Terrace

City Tarrytown State NY Zip Code 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  
03 / 14 / 2007

Transaction ID: 2223839

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alfred Urban

Mailing Address 216 Kilburn Road

City Garden City State NY Zip Code 11530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 16 / 2007

Transaction ID: 2224643

Amount of Each Receipt this Period  
50.00

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 2298 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 Pelham State NY Zip Code 10803

FEC ID number of contributing federal political committee. **C**

Name of Employer Isny Occupation atty

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 15 / 2007

Transaction ID: 2224815

Amount of Each Receipt this Period  
250.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jane Bailey Burts

Mailing Address 2143 Sherwood Avenue

City Charlotte State NC Zip Code 28207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 13 / 2007

Transaction ID: 2223005

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Spencer L Karpf

Mailing Address 500 N Brand Blvd. #1090

City Glendale State CA Zip Code 91204

FEC ID number of contributing federal political committee. **C**

Name of Employer Software Management Consultants, Inc. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 29 / 2007

Transaction ID: 2230830

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 2299 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Cedric Bainton		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 50 Ventura Ave		<b>Transaction ID:</b> 2220177	
City State Zip Code San Francisco CA 94116		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions	
Name of Employer Occupation UCSF Med Ctr physician-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. Phyllis T. Kidd		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 2140 Byron Street		<b>Transaction ID:</b> 2224427	
City State Zip Code Palo Alto CA 94301		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions	
Name of Employer Occupation self-employed Clinical 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>C.</b> Full Name (Last, First, Middle Initial) Ms. Roberta K. Potsic		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2007	
Mailing Address 1057 Beaumont Road		<b>Transaction ID:</b> 2229502	
City State Zip Code Berwyn PA 19312		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 Del. County Comm. College Career Counselor		<b>[MEMO 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 2300 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Rosalind Golembe		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 214 Harriman Drive Apt. 3017		Transaction ID: 2224281
City State Zip Code Goshen NY 10924	Amount of Each Receipt this Period 25.00	
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	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Carol S Oksala		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 5 Perth Place		Transaction ID: 2230837
City State Zip Code Glenmoore PA 19343	Amount of Each Receipt this Period 50.00	
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	

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Ellen R Szuchmacher		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 5 Evergreen Circle		Transaction ID: 2230817
City State Zip Code Manhasset NY 11030	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 Vascular Diagnostic 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) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2301 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Luana S. Miller		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 142 Maywood Way		<b>Transaction ID:</b> 2229446	
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>		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>B.</b> Full Name (Last, First, Middle Initial) Ms. Suzanne Gardner		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 214 DuRose Terrace		<b>Transaction ID:</b> 2228904	
City State Zip Code Madison WI 53705		Amount of Each Receipt this Period 50.00	
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>C.</b> Full Name (Last, First, Middle Initial) Mr. Morton Yuter		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 5 Dover Avenue		<b>Transaction ID:</b> 2222868	
City State Zip Code Garden City NY 11530		Amount of Each Receipt this Period 200.00	
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>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 2302 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input 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. Anthony Tenga		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 1157 40th Street		<b>Transaction ID:</b> 2223178	
City State Zip Code Brooklyn NY 11218	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Kirsten Gillibrand Contributions		
Name of Employer Occupation Andrew Torregrossa & Sons Funeral 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		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. William A. Gamson		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 5 Boston Hill Road		<b>Transaction ID:</b> 2223041	
City State Zip Code Chilmark MA 02535	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Kirsten Gillibrand 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. Anne Meredith Smoke		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 2122 Massachusetts Avenue NW Apt 227		<b>Transaction ID:</b> 2224670	
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	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) ..... ▶	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 2303 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 B. Coggeshall		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 142 Glen Eddy Drive		Transaction ID: 2228632
City State Zip Code Schenectady NY 12309	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand 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> Dr. Leah D. Dick		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 4912 Tattershall Way		Transaction ID: 2224406
City State Zip Code Lawton OK 73501	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Occupation Self 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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Nancy Greenwood		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 486 N State St		Transaction ID: 2231141
City State Zip Code Concord NH 03301	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Occupation Nancy Greenwood Smith Insurance Insurance 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2304 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Nan Lowerre

Mailing Address 212 North Street

City State Zip Code  
Chagrin Falls OH 44022

FEC ID number of contributing 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  
03 / 13 / 2007

**Transaction ID: 2222809**

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jon Holtzman

Mailing Address 4850 Tobosa Rd

City State Zip Code  
Las Cruces NM 88011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New Mexico State University Associate Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2007

**Transaction ID: 2224379**

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Linda C Jones

Mailing Address 212 E Broadway G2004

City State Zip Code  
New York NY 10002

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  
03 / 30 / 2007

**Transaction ID: 2231133**

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 2305 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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. Sondra C Lord

Mailing Address 1412 Willow Ave.  
#49

City State Zip Code  
Louisville KY 40204

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  
03 / 29 / 2007

Transaction ID: 2230813

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Nancy D Root

Mailing Address 4840 Thunderbird Dr.  
#089

City State Zip Code  
Boulder CO 80303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224459

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Barbara Starr

Mailing Address 48 Wardell Road

City State Zip Code  
Livingston NJ 07039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224677

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 2306 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) B. Nedelkoff		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 2105 Grandview Drive		<b>Transaction ID:</b> 2230526	
City State Zip Code Floyds Knobs IN 47119	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Kirsten Gillibrand 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		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Janice E. Rodgers		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 2100 N. Lincoln Park West #12CN		<b>Transaction ID:</b> 2230802	
City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Kirsten Gillibrand Contributions		
Name of Employer Quarles & Brady LLP 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. Anita K Cohen		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 4730 Atrium Ct. # 252		<b>Transaction ID:</b> 2224051	
City State Zip Code Owings Mills MD 21208	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C	Kirsten Gillibrand 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 2307 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Priscilla S. Hunt		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 10 Coolidge Hill Road		<b>Transaction ID:</b> 2228935
City State Zip Code Cambridge MA 02138	Amount of Each Receipt this Period 500.00	
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	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Ronna Horwitz-Bard		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 210-50 41 Avenue # 6D		<b>Transaction ID:</b> 2228569
City State Zip Code Bayside NY 11361	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Occupation Tuney, Redmond, & Rosa 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. Janet K. Roberts		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 4701 Fulton Street NW		<b>Transaction ID:</b> 2222919
City State Zip Code Washington DC 20007	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 Self Sculptor	<b>[MEMO 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 2308 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 03 / 20 / 2007	
Mailing Address 209 Grosvenor Street		<b>Transaction ID:</b> 2228536	
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>		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>B.</b> Full Name (Last, First, Middle Initial) Ms. Nancy R. Marshall		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 1142 Village Way		<b>Transaction ID:</b> 2223085	
City Sebastopol	State CA	Zip Code 95472	Amount of Each Receipt this Period 25.00
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>C.</b> Full Name (Last, First, Middle Initial) Ms. K. Ann Stebbins		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 208 College View Drive		<b>Transaction ID:</b> 2228573	
City Richmond	State KY	Zip Code 40475	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 2309 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Susanne B. Buxton		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 1402 Lyons Avenue		<b>Transaction ID:</b> 2230497	
City State Zip Code Royal Oak MI 48073	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		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Gale Gatto		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 47 Aspen Ct		<b>Transaction ID:</b> 2230501	
City State Zip Code Evergreen CO 80439	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions		
Name of Employer Occupation Self	<b>[MEMO 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. Daniel K Beswick		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 467 Encina Avenue		<b>Transaction ID:</b> 2230854	
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>	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) ..... ▶	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 2310 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Welty		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address 2076 Sheridan Road		Transaction ID: 2229516	
City State Zip Code Encinitas CA 92024	Amount of Each Receipt this Period 250.00		
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. Full Name (Last, First, Middle Initial) Ms. Sarah Woodin		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2007	
Mailing Address 4645 Datura Road		Transaction ID: 2230521	
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>	Kirsten Gillibrand Contributions		
Name of Employer Occupation Univ of South Carolina Faculty	<b>[MEMO 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. Alwyn N. Johnson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007	
Mailing Address 4601 Rue Belle Mer		Transaction ID: 2230842	
City State Zip Code Sanibel FL 33957	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 Self 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 2311 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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. Roffee

Mailing Address 20701 Sabbath Court

City Gaithersburg State MD Zip Code 20882

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. Dept. of Labor Occupation 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  
03 / 16 / 2007

Transaction ID: 2227809

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Alwyn N. Johnson

Mailing Address 4601 Rue Belle Mer

City Sanibel State FL Zip Code 33957

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2007

Transaction ID: 2224695

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Beverly J. Myers

Mailing Address 2066 Promontory Point Lane

City Gold River State CA Zip Code 95670

FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Occupation pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229071

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 2312 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Diana J. Mason Mailing Address 455 W. 44th Street, # 22 City State Zip Code New York NY 10036 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007 <b>Transaction ID:</b> 2230672 Amount of Each Receipt this Period 100.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer: Wolters Kluwer Health Occupation: Nurse/Journalist 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. Elaine Amromin Mailing Address 2065 Liliano Drive City State Zip Code Sierra Madre CA 91024 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007 <b>Transaction ID:</b> 2224653 Amount of Each Receipt this Period 20.00 Kirsten Gillibrand 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. Virginia Ann Kingsbury Mailing Address 455 Benderfield Drive City State Zip Code Zionsville IN 46077 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007 <b>Transaction ID:</b> 2223057 Amount of Each Receipt this Period 25.00 Kirsten Gillibrand 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 2313 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Elisabeth P Goldman

Mailing Address 2063 Bridgeport Dr

City Lexington State KY Zip Code 40502

FEC ID number of contributing federal political committee. **C**

Name of Employer Elisabeth Goldman PSC Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: 2230789

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Beaujour

Mailing Address 450 West End Avenue

City New York State NY Zip Code 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Hunter College Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 2228559

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Stanley Strauss

Mailing Address 1140 Breakers West Blvd

City West Palm Beach State FL Zip Code 33411

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  
03 / 16 / 2007

Transaction ID: 2227649

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 2314 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Jacques Rondeau		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 2055 Park Road NW		<b>Transaction ID:</b> 2224352
City State Zip Code Washington DC 20010	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 Rosemount Center Chief Operating 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	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Ronald L. Carleton		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address 45 Pilgrims Progress Road		<b>Transaction ID:</b> 2220332
City State Zip Code Rhinebeck NY 12572	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 Self Trainer	<b>[MEMO 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. Marjorie A. Kalins		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 140 Riverside Drive, Apt. 9J		<b>Transaction ID:</b> 2230916
City State Zip Code New York NY 10026	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Occupation Self Television Production	<b>[MEMO 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 2315 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Beverly C. Adams		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 4452 Brickyard Falls Road		<b>Transaction ID:</b> 2231267	
City State Zip Code Manlius NY 13104		Amount of Each Receipt this Period 50.00	
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>B.</b> Full Name (Last, First, Middle Initial) Ms. Evelyn P Costello		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 444 Middle Neck Road, # 3K		<b>Transaction ID:</b> 2224557	
City State Zip Code Great Neck NY 11023		Amount of Each Receipt this Period 50.00	
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>C.</b> Full Name (Last, First, Middle Initial) Ms. Leslie M. Goldstein		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 205 West End Avenue # 21B		<b>Transaction ID:</b> 2230866	
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>		Kirsten Gillibrand Contributions	
Name of Employer Occupation self employed Psychoanalyst		<b>[MEMO 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 2316 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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  
03 / 20 / 2007

**Transaction ID:** 2228550

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sherry Nehmer

Mailing Address 205 West End Avenue  
Apartment 18L

City State Zip Code  
New York NY 10023

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  
03 / 14 / 2007

**Transaction ID:** 2224058

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sara B Wilson

Mailing Address 14 Pond Rd # 55

City State Zip Code  
Blue hill ME 04614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 22 / 2007

**Transaction ID:** 2229485

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2317 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Julie A. Martin

Mailing Address 4409 SE Woodward Street

City State Zip Code  
Portland OR 97206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Orange Co. Social Services Admin Manager  
Agency

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222817

Amount of Each Receipt this Period  
20.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** 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  
03 / 16 / 2007

Transaction ID: 2224531

Amount of Each Receipt this Period  
5.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth J. Owen

Mailing Address 10 Park Drive

City State Zip Code  
Yalaha FL 34797

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  
03 / 22 / 2007

Transaction ID: 2229102

Amount of Each Receipt this Period  
50.00

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 2318 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input 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 03 / 17 / 2007
Mailing Address 440 Riverside Drive # 91		<b>Transaction ID:</b> 2224475
City State Zip Code New York NY 10027	Amount of Each Receipt this Period 50.00	
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	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Barbara Lafer		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 44 Mandeville Drive		<b>Transaction ID:</b> 2230536
City State Zip Code Wayne NJ 07470	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Occupation Self 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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Judith P. Fisher		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 204 Dromara Road		<b>Transaction ID:</b> 2220129
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>	Kirsten Gillibrand Contributions	
Name of Employer Occupation Erie County 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 2319 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Sara B Wilson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address 14 Pond Rd # 55		<b>Transaction ID:</b> 2224403	
City State Zip Code Blue hill ME 04614	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 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. Diane Siegel Divita		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007	
Mailing Address 113 Randolph Street		<b>Transaction ID:</b> 2231259	
City State Zip Code Northville MI 48167	Amount of Each Receipt this Period 12.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions		
Name of Employer Occupation School Craft College 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. Edith S. Bingham		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2007	
Mailing Address 4309 Glenview Avenue P.O. Box 64		<b>Transaction ID:</b> 2230578	
City State Zip Code Glenview KY 40025	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 None Community Volunteer	<b>[MEMO 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 2320 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Randy R Castro

Mailing Address 4305 Lakeview Drive SE

City State Zip Code  
Port Orchard WA 98366

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED analyst

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2007

Transaction ID: 2230909

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Joan M Decker

Mailing Address 430 Fresno Ave

City State Zip Code  
Morro Bay CA 93442

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  
03 / 31 / 2007

Transaction ID: 2231168

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** 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 Occupation  
Crowell & Maring 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  
03 / 16 / 2007

Transaction ID: 2224715

Amount of Each Receipt this Period  
50.00

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 2321 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Thelma Wells		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 427 Virginia Terrace		<b>Transaction ID:</b> 2231308
City State Zip Code Madison WI 53726	Amount of Each Receipt this Period 50.00	
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>B.</b> Full Name (Last, First, Middle Initial) Ms. Judith Feldstein		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 425 Wembley Circle		<b>Transaction ID:</b> 2228861
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>	Kirsten Gillibrand 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. Jean E Taylor		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 201 E 86th St Apt 34D		<b>Transaction ID:</b> 2223960
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 500.00	
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 2322 / 2428
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Dennis McGilligan Mailing Address 4230 Mandan Cres City Madison State WI Zip Code 53711 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2227791</b> Amount of Each Receipt this Period 25.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer State of WI 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) Mr. William Crawford Mailing Address 1399 9th Avenue, Apt. 117 City San Diego State CA Zip Code 92101 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007 <b>Transaction ID: 2223061</b> Amount of Each Receipt this Period 100.00 Kirsten Gillibrand 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. Bradley R. Grainger Mailing Address 421 Highland Road 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 03 / 05 / 2007 <b>Transaction ID: 2220134</b> Amount of Each Receipt this Period 50.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Capmark Finance Inc. Occupation Mortgage Banking 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 2323 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Melissa L. Epple Mailing Address 20 Village Lane City Santa Fe State NM Zip Code 87505 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>0</td><td>3</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: 2230860 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	9		2	0	0	7														
100.00																							
Name of Employer Self Occupation Healthcare 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. 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>0</td><td>3</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: 2229364 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	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>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Laird H. Barber Mailing Address 419 W. 10th Street City Morris State MN Zip Code 56267 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>0</td><td>3</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: 2227722 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	6		2	0	0	7														
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 ▼ <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 2324 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Ralph E Burr Mailing Address 415 South Street # 1201 City Honolulu State HI Zip Code 96813 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007 <b>Transaction ID: 2220156</b> Amount of Each Receipt this Period 50.00 Kirsten Gillibrand 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. Dorothy Polash Mailing Address 20 Fox Hill City Woodside State CA Zip Code 94062 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007 <b>Transaction ID: 2230103</b> Amount of Each Receipt this Period 500.00 Kirsten Gillibrand 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 Homemaker Aggregate Year-to-Date ▼ 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. James B Flaws Mailing Address 138 West Hill Terrace City Painted Post State NY Zip Code 14870 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007 <b>Transaction ID: 2223995</b> Amount of Each Receipt this Period 250.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Corning Incorporated Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CFO 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 2325 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sheila Martin

Mailing Address 20 Eagle Gap Road

City State Zip Code  
Novato CA 94949

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2007

Transaction ID: 2231126

Amount of Each Receipt this Period  
250.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patty Jay

Mailing Address 11213 Clear Oak Circle

City State Zip Code  
New Port Richey FL 34654

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2007

Transaction ID: 2227367

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gary A Bloom

Mailing Address 4120 Geraldine Avenue # 7

City State Zip Code  
St Ann MO 63074

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
arcvision,Inc Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2007

Transaction ID: 2229604

Amount of Each Receipt this Period  
10.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2326 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Townsend

Mailing Address 20 Clairborne Ct

City Bluffton State SC Zip Code 29909

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  
03 / 19 / 2007

Transaction ID: 2228012

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Alison H. Miller

Mailing Address 41 Windsor Drive

City Princeton Jct. State NJ Zip Code 08550

FEC ID number of contributing federal political committee. **C**

Name of Employer West Windsor Township Occupation Council Member

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 19 / 2007

Transaction ID: 2228046

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Margaret Ann Rud

Mailing Address 2 Wheaton Center Apt. #1504

City Wheaton State IL Zip Code 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  
03 / 16 / 2007

Transaction ID: 2227560

Amount of Each Receipt this Period  
15.00

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 2327 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Penelope Colman

Mailing Address 138 Knickerbocker Road

City State Zip Code  
Englewood NJ 07631

FEC ID number of contributing federal political committee. **C**

Name of Employer Queens College CUNY Occupation Distinguished Lecturer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2007

**Transaction ID: 2227585**

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Polly Rutnik

Mailing Address 2 Noonan Lane

City State Zip Code  
Albany NY 12209

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  
03 / 23 / 2007

**Transaction ID: 2229383**

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen L Lingo

Mailing Address 137 Riversdie Drive

City State Zip Code  
New York NY 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 29 / 2007

**Transaction ID: 2230798**

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 2328 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Allan S Abramson

Mailing Address 405 Underhill Place

City State Zip Code  
Alexandria VA 22305

FEC ID number of contributing 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  
03 / 23 / 2007

Transaction ID: 2229648

Amount of Each Receipt this Period  
20.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Joyce Chase

Mailing Address 2 Fifth Avenue

City State Zip Code  
NYC NY 10011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Talent Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

Transaction ID: 2230228

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lynne B Small

Mailing Address 13654 Mango Drive

City State Zip Code  
Del Mar CA 92014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of San Diego Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: 2230805

Amount of Each Receipt this Period  
50.00

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 2329 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Brown		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 1121 Oregon Hollow Road		<b>Transaction ID:</b> 2224264	
City Holtwood	State PA	Zip Code 17532	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		
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) Dr. Joseph Williams		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 401 N. Du Quion Street # 4		<b>Transaction ID:</b> 2224235	
City Benton	State IL	Zip Code 62812	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		
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) Mrs. Eileen S. Tsai		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 2 Falling Leaf		<b>Transaction ID:</b> 2230836	
City Irvine	State CA	Zip Code 92612	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions	
Name of Employer Ceridian	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>[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 2330 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Daryl Boylan Mailing Address 197 Coolidge Terrace City <u>Wyckoff</u> State <u>NJ</u> Zip Code <u>07481</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</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: 2224240 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8"></td> <td>50.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	7									50.00
M	M	/	D	D	/	Y	Y	Y	Y																						
0	3		1	5		2	0	0	7																						
								50.00																							
FEC ID number of contributing federal political committee. <u>C</u>		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="8"></td> <td>0.00</td> </tr> </table>									0.00																				
								0.00																							
Name of Employer Self Occupation <u>Writer</u> 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. Joyce Bush Mailing Address 40 Kendrick Rd. City <u>E. Harwich</u> State <u>MA</u> Zip Code <u>02645</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2223854 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8"></td> <td>50.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0	7									50.00
M	M	/	D	D	/	Y	Y	Y	Y																						
0	3		1	4		2	0	0	7																						
								50.00																							
FEC ID number of contributing federal political committee. <u>C</u>		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="8"></td> <td>0.00</td> </tr> </table>									0.00																				
								0.00																							
Name of Employer Occupation <u>Retired</u> 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. Eva B. Edelstein Mailing Address 135 Mayberry Drive City <u>Monroeville</u> State <u>PA</u> Zip Code <u>15146</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</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: 2224295 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8"></td> <td>75.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	7									75.00
M	M	/	D	D	/	Y	Y	Y	Y																						
0	3		1	5		2	0	0	7																						
								75.00																							
FEC ID number of contributing federal political committee. <u>C</u>		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="8"></td> <td>0.00</td> </tr> </table>									0.00																				
								0.00																							
Name of Employer Occupation <u>Retired</u> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																															

<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 2331 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Gail R Stephens		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 4 Santa Lucia		<b>Transaction ID:</b> 2230790	
City State Zip Code Orinda CA 94563	Amount of Each Receipt this Period 250.00		
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		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Kenneth M. Rosenzweig		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 196 Scott Avenue		<b>Transaction ID:</b> 2228585	
City State Zip Code Winnetka IL 60093	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand 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. Lorene S Sarne		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 4 Monroe Street		<b>Transaction ID:</b> 2231145	
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>	Kirsten Gillibrand 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>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 2332 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Steve Walton		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 195 Spuraway Dr		<b>Transaction ID:</b> 2230863
City State Zip Code San Mateo CA 94403	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer InfoLore      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. Nancy T Keyser		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 4 Abbott Valley View Drive		<b>Transaction ID:</b> 2230848
City State Zip Code Cumberland RI 02864	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Pawtucket Schools      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>C.</b> Ms. Linda White		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 1120 E. Balboa Boulevard		<b>Transaction ID:</b> 2230525
City State Zip Code Balboa CA 92661	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2333 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Nadja Z Golding

Mailing Address 1942 Rhode Island Avenue

City State Zip Code  
McLean VA 22101

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  
03 / 28 / 2007

Transaction ID: 2230563

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary Kyropoulos

Mailing Address 1938 Mill Rd

City State Zip Code  
S Pasadena CA 91030

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  
03 / 21 / 2007

Transaction ID: 2228905

Amount of Each Receipt this Period  
15.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Hardman

Mailing Address 39 Jane Lacey Drive, Apt. Q

City State Zip Code  
Endicott NY 13760

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Binghamton University 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  
03 / 16 / 2007

Transaction ID: 2224788

Amount of Each Receipt this Period  
5.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 2334 / 2428
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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) Dr. Louis Rosenblum, M.D.		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 1335 N. Astor Street, Apt. 13C		<b>Transaction ID:</b> 2224580
City State Zip Code Chicago IL 60610	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand 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. Barbara Lawrence		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 383 South Middlebush Road		<b>Transaction ID:</b> 2228564
City State Zip Code Somerset NJ 08873	Amount of Each Receipt this Period 250.00	
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) Ms. Sylvia C. Mitchell		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 1111 Wilder Avenue Apt. 16A		<b>Transaction ID:</b> 2224020
City State Zip Code Honolulu HI 96822	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Occupation State of HI Librarian	<b>[MEMO 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 2335 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Jan L Flora

Mailing Address 1902 George Allen Ave.

City State Zip Code  
Ames IA 50010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Iowa State University sociologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2007

Transaction ID: 2224808

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Bernice B. Pernhall

Mailing Address 1330 N.W. 26th Lane

City State Zip Code  
Delray Beach FL 33445

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  
03 / 21 / 2007

Transaction ID: 2228976

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul H. Aldrich

Mailing Address 38 Cloud Leaf Place

City State Zip Code  
The Woodlands TX 77381

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  
03 / 19 / 2007

Transaction ID: 2228087

Amount of Each Receipt this Period  
20.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 0.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2336 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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) C. Dingman		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 379 Bird Pond Road		<b>Transaction ID:</b> 2223993	
City State Zip Code North Creek NY 12853	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand 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. Bonnie Flory		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 1902 Adams Street		<b>Transaction ID:</b> 2230066	
City State Zip Code Hollywood FL 33020	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand 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. Bernice B. Elkin		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 3737 Atlantic Avenue Apt 1101		<b>Transaction ID:</b> 2222850	
City State Zip Code Long Beach CA 90807	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) .....	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 2337 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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. Mary Giegengack Jureller</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 1900 Euclid Ave.		Transaction ID: 2231169	
City State Zip Code Syracuse NY 13224	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions	
Name of Employer Occupation LeMoyne College Educator	[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. Mrs. Ann Owchar</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 3726 SW Webster Street		Transaction ID: 2229451	
City State Zip Code Seattle WA 98126	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand 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. Ms. Mary P Stoddard</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 3705 Torino Drive		Transaction ID: 2230846	
City State Zip Code Santa Barbara CA 93105	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions	
Name of Employer Occupation Self Bookkeeper	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

<b>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 2338 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Leona Sobel

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  
MM / DD / YYYY  
03 / 13 / 2007

Transaction ID: 2222891

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Carolyn A Crutchfield

Mailing Address 133 Santolina Park

City State Zip Code  
Peachtree City GA 30269

FEC ID number of contributing 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  
03 / 24 / 2007

Transaction ID: 2229597

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Doris Edwards

Mailing Address 19 Pocono Road, Apt. 431A

City State Zip Code  
Denville NJ 07834

FEC ID number of contributing 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  
03 / 21 / 2007

Transaction ID: 2228876

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 2339 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 03 / 13 / 2007
Mailing Address 3604 Shepherd Street		<b>Transaction ID:</b> 2222787
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>	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	

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Norma K Stone		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address 3601 Turtle Creek Blvd. #404		<b>Transaction ID:</b> 2220218
City State Zip Code Dallas TX 75219	Amount of Each Receipt this Period 75.00	
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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Sonia Ragir		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 188 Abbey Road		<b>Transaction ID:</b> 2224794
City State Zip Code Mt Tremper NY 12457	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 CUNY 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) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2340 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 S. Rust

Mailing Address 18747 Ridgfield Road

City State Zip Code  
Seattle WA 98177

FEC ID number of contributing federal political committee. **C**

Name of Employer State of Washington Occupation State Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 2231314

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Leal M. Abbott

Mailing Address 359 Quail Drive

City State Zip Code  
Woodland CA 95695

FEC ID number of contributing federal political committee. **C**

Name of Employer leal abbott, lcsw Occupation social work

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2007

Transaction ID: 2229634

Amount of Each Receipt this Period  
10.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. John D. Higham

Mailing Address 100 Yale Road

City State Zip Code  
Menlo Park CA 94025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2007

Transaction ID: 2223112

Amount of Each Receipt this Period  
50.00

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 2341 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Andrew Wright

Mailing Address 356 W. 11th Street

City State Zip Code  
Claremont CA 91711

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  
03 / 16 / 2007

Transaction ID: 2227667

Amount of Each Receipt this Period  
250.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jennifer N. Kleckner

Mailing Address 1855 Cowper Street

City State Zip Code  
Palo Alto CA 94301

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  
03 / 23 / 2007

Transaction ID: 2229593

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Diane K. Dalsimer

Mailing Address 111 Lakeside Circle

City State Zip Code  
Pompano Beach FL 33060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 18 / 2007

Transaction ID: 2227374

Amount of Each Receipt this Period  
50.00

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 2342 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Margaret T Macdonald		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 354 Carolina Meadows		<b>Transaction ID:</b> 2231275	
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>	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		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Helen E. Longino		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 1318 Noe Street		<b>Transaction ID:</b> 2228910	
City State Zip Code San Francisco CA 94131	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 U. of Minnesota Univ. 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.</b> Mr. James L Wingard		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 1851 N Hawthorne Dr		<b>Transaction ID:</b> 2229607	
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>	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) ..... ▶	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 2343 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Francis Doran

Mailing Address 3517 Hillcrest Drive

City Belmont State CA Zip Code 94002

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation RE BROKEN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2007

Transaction ID: 2229336

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Donna DeDiemar

Mailing Address 1316 Albina Avenue

City Berkeley State CA Zip Code 94706

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Caterer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: 2230911

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert L Vick

Mailing Address 3512 Bellaire Blvd.

City Houston State TX Zip Code 77025

FEC ID number of contributing 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  
03 / 05 / 2007

Transaction ID: 2220179

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 2344 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Wanda VanGoor Mailing Address 3510 Husted Drive City State Zip Code Chevy Chase MD 20815 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007 <b>Transaction ID: 2222930</b> Amount of Each Receipt this Period 100.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Prince George's Co. College Occupation Teacher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Karla K. Kwist Mailing Address 3496 Biela City State Zip Code Las Vegas NV 89120 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007 <b>Transaction ID: 2224110</b> Amount of Each Receipt this Period 50.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Harrahs Occupation Showroom 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 Ivan Shorter Mailing Address 1311 Lakeside Avenue City State Zip Code Baltimore MD 21218 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2224751</b> Amount of Each Receipt this Period 75.00 Kirsten Gillibrand 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 2345 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mary L Riccobono

Mailing Address 1807 Restful Dr

City State Zip Code  
Bradenton FL 34207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 05 / 2007

Transaction ID: 2220192

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Theodor Schuchat

Mailing Address 11015 S.E. Lake Road

City State Zip Code  
Bellevue WA 98004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2223942

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joanne M. Bodine

Mailing Address 10370 Sheldon Rd

City State Zip Code  
Elk Grove CA 95624

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Bodine Group Mediator/Facilitator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2007

Transaction ID: 2230868

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ► 0.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2346 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Linde		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 3449 Keswick Road		<b>Transaction ID:</b> 2224047
City State Zip Code Baltimore MD 21211	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand 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. Dolores Rosoff		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 1310 Primavera St Unit 143		<b>Transaction ID:</b> 2224472
City State Zip Code Salinas CA 93901	Amount of Each Receipt this Period 50.00	
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>C.</b> Full Name (Last, First, Middle Initial) Ms. Rose Murphy		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 3420 78th St Apt 6J		<b>Transaction ID:</b> 2228082
City State Zip Code Jackson Hts NY 11372	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Occupation Hotel Empl Research 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2347 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Pearl Zeitz		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 131 W 80th Street Apt. B		<b>Transaction ID:</b> 2230763	
City State Zip Code New York NY 10024		Amount of Each Receipt this Period 25.00	
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>B.</b> Full Name (Last, First, Middle Initial) Mrs. Marian Lee Edelstein		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 180 E. Pearson Street # 3801		<b>Transaction ID:</b> 2228523	
City State Zip Code Chicago IL 60611		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>C.</b> Full Name (Last, First, Middle Initial) Dr. Toni C. Antonucci		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 340 Orchard Hills		<b>Transaction ID:</b> 2230807	
City State Zip Code Ann MI 48104		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions	
Name of Employer Occupation University of Michigan university faculty		<b>[MEMO 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 2348 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 C. Ives		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 130D Seminary Ave Apt 321		<b>Transaction ID:</b> 2224304	
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>		Kirsten Gillibrand Contributions	
Name of Employer Self Occupation 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Maria T Meuse		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 3358 Woodburn Road#33 apt. #33		<b>Transaction ID:</b> 2230615	
City State Zip Code Annandale VA 22003		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions	
Name of Employer Fairfax County Health Dep- t., 10777 Mai Occupation Registered Nurse		<b>[MEMO ITEM]</b> MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. A. Shor		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 18 Pecan Court		<b>Transaction ID:</b> 2224037	
City State Zip Code Mount Laurel NJ 08054		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions	
Name of Employer Self Occupation Veterinarian		<b>[MEMO 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 2349 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input 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. Phyllis A Kaufman		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 33470 SW Chinook Plaza #181		<b>Transaction ID:</b> 2224829
City State Zip Code Scappoose OR 97056	Amount of Each Receipt this Period 50.00	
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	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Caroline Rhodes		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 13050 Fox Hollow Drive		<b>Transaction ID:</b> 2223174
City State Zip Code Edinboro PA 16412	Amount of Each Receipt this Period 50.00	
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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Jane Clewe		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 1032 Junipero Avenue		<b>Transaction ID:</b> 2224624
City State Zip Code Long Beach CA 90804	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Occupation DAS, Inc. Computer Programmer	<b>[MEMO 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 2350 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Louanna O. Carlin

Mailing Address 10 Montague Terrace Apt. 1A

City State Zip Code  
Brooklyn NY 11201

FEC ID number of contributing 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  
03 / 16 / 2007

**Transaction ID:** 2224628

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert H. Lowensohn

Mailing Address 3337 Oakdell Road

City State Zip Code  
Studio City CA 91604

FEC ID number of contributing 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  
03 / 16 / 2007

**Transaction ID:** 2224765

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Rev. Katharine C. Evans

Mailing Address 18 Lafayette Road

City State Zip Code  
Ipswich MA 01938

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Episcopal Diocese of Mass. Clergy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

**Transaction ID:** 2228489

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 2351 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 Steele		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 332 Glenn Street		Transaction ID: 2220360	
City Ashland	State OR	Zip Code 97520	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		Kirsten Gillibrand 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. D. E. McGill		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address POB 619 Lake Vallecito		Transaction ID: 2231323	
City Bayfield	State CO	Zip Code 81122	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Kirsten Gillibrand 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> B. B Walker		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address PO Box 96		Transaction ID: 2228887	
City Haines Falls	State NY	Zip Code 12436	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Kirsten Gillibrand Contributions	
Name of Employer self	Occupation 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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2352 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Lois E. Burrill Mailing Address PO Box 83 City Callicoon Central State NY Zip Code 12724 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>0</td><td>3</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: 2222091 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	5	/	2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	0	5	/	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>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Anita M. Collins Mailing Address PO Box 806 City Kutztown State PA Zip Code 19530 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>0</td><td>3</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: 2229369 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	3	/	2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	2	3	/	2	0	0	7														
50.00																							
Name of Employer Occupation USDA ARS Scientist 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) Mrs. Susanna Davison Mailing Address 1301 Irving Avenue City Wheaton State IL Zip Code 60187 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>0</td><td>3</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: 2229091 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	2	/	2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	2	2	/	2	0	0	7														
50.00																							
Name of Employer Occupation Health Dept. Nursing Manager 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 2353 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Marion E. Perkus Mailing Address PO Box 8 City State Zip Code Bovina Center NY 13740 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2224437</b> Amount of Each Receipt this Period 25.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Virogenetics Corp Research Scientist 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) Mr. Will M. Russell Mailing Address PO Box 7782 City State Zip Code McLean VA 22106 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007 <b>Transaction ID: 2230922</b> Amount of Each Receipt this Period 50.00 Kirsten Gillibrand 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. Corrine B. Lucido Mailing Address PO Box 673 City State Zip Code Geneva NY 14456 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007 <b>Transaction ID: 2230919</b> Amount of Each Receipt this Period 30.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Occupation Self Travel Agent 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 2354 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Charlotte Lefton

Mailing Address PO Box 64

City Warrensburg State NY Zip Code 12885

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  
03 / 23 / 2007

Transaction ID: 2229632

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas Delgado

Mailing Address PO Box 63012

City Phoenix State AZ Zip Code 85082

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  
03 / 21 / 2007

Transaction ID: 2228987

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Susan Miller

Mailing Address PO Box 588

City Anacortes State WA Zip Code 98221

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Indexing Books

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: 2230921

Amount of Each Receipt this Period  
50.00

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 2355 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Lee Bretz		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address PO Box 484		<b>Transaction ID:</b> 2228872
City State Zip Code Eastport MI 49627	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Kirsten Gillibrand Contributions	
Name of Employer Rutgers 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. Geraldine A. Herbert		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address PO Box 479		<b>Transaction ID:</b> 2227364
City State Zip Code Ketchum ID 83340	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Kirsten Gillibrand Contributions	
Name of Employer Self employed Occupation Investor	<b>[MEMO 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. Louisa Ferree		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 177 Crescent Street		<b>Transaction ID:</b> 2230517
City State Zip Code Northampton MA 01060	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	Kirsten Gillibrand Contributions	
Name of Employer Self Occupation Archeologist	<b>[MEMO 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 2356 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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. 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  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: 2230820

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** 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  
MM / DD / YYYY  
03 / 26 / 2007

Transaction ID: 2230053

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lilla Lyon

Mailing Address 33 Kings Highway

City State Zip Code  
Hancock NH 03449

FEC ID number of contributing 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  
03 / 14 / 2007

Transaction ID: 2223970

Amount of Each Receipt this Period  
50.00

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 2357 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Steve Hegeman

Mailing Address PO Box 367

City State Zip Code  
Bonita Springs FL 34133

FEC ID number of contributing 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  
03 / 19 / 2007

Transaction ID: 2228159

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patricia Glaude

Mailing Address PO Box 3204

City State Zip Code  
Hayward CA 94540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US Postal Service Postal Inspector

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: 2230702

Amount of Each Receipt this Period  
20.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Eleanor Cogswell

Mailing Address 33 Edgehill Road

City State Zip Code  
Stow MA 01775

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  
03 / 16 / 2007

Transaction ID: 2227583

Amount of Each Receipt this Period  
50.00

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 2358 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Rosemary M Grace		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007
Mailing Address 33 East Oak Street		<b>Transaction ID:</b> 2231189
City State Zip Code Basking Ridge NJ 07920	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer unemployed Occupation Executive Assistant	<b>[MEMO 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 Iwano		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 175 W 93rd Apt Apt 9E		<b>Transaction ID:</b> 2222879
City State Zip Code New York NY 10025	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 Disney 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. Johanna Tilbury		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address PO Box 2595		<b>Transaction ID:</b> 2230924
City State Zip Code Kamuela HI 96743	Amount of Each Receipt this Period 50.00	
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 2359 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 Slater

Mailing Address 322 Jody Way Road

City State Zip Code  
Lutherville MD 21093

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  
03 / 13 / 2007

Transaction ID: 2222989

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Nelson L. Haggerson, Jr.

Mailing Address PO Box 24177

City State Zip Code  
Tempe AZ 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  
03 / 07 / 2007

Transaction ID: 2220355

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** 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 ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2007

Transaction ID: 2229437

Amount of Each Receipt this Period  
10.00

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 2360 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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 Sporck Mailing Address 110 Wood Road # G206 City Los Gatos State CA Zip Code 95030 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007 <b>Transaction ID: 2228582</b> Amount of Each Receipt this Period 100.00 Kirsten Gillibrand 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. Joyce Tigner Mailing Address 100 Regional Court 1C City Flemington State NJ Zip Code 08822 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007 <b>Transaction ID: 2228700</b> Amount of Each Receipt this Period 50.00 Kirsten Gillibrand 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	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Peter B. Meyer Mailing Address 3205 Huntersridge Lane City Taylor Mill State KY Zip Code 41015 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007 <b>Transaction ID: 2229549</b> Amount of Each Receipt this Period 50.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer University of Louisville Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Professor 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 2361 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. Suanne M. Dullard, D.D.S.

Mailing Address PO Box 14

City State Zip Code  
Bigfork MN 56628

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Northland Dental Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2007

**Transaction ID: 2229508**

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Madeleine Littman

Mailing Address 175 Richdale Avenue, # 114

City State Zip Code  
Cambridge MA 02140

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Psychologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2007

**Transaction ID: 2223192**

Amount of Each Receipt this Period  
10.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. James M. Gamble

Mailing Address 320 West 19th St., #3B

City State Zip Code  
New York NY 10011

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  
03 / 15 / 2007

**Transaction ID: 2224292**

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 2362 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Hazel Cypen

Mailing Address 320 W. Dilido Drive

City Miami Beach State FL Zip Code 33139

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  
03 / 28 / 2007

Transaction ID: 2230566

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Edgar Smith

Mailing Address P.O. Box 989  
731 Marina Street

City Morro Bay State CA Zip Code 93443

FEC ID number of contributing 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  
03 / 13 / 2007

Transaction ID: 2223088

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Katherine W. Paterson

Mailing Address 32 W. Cobble Hill Road

City Barre State VT Zip Code 05641

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  
MM / DD / YYYY  
03 / 07 / 2007

Transaction ID: 2220359

Amount of Each Receipt this Period  
50.00

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 2363 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 E. Cohen

Mailing Address 175 East Delaware Place  
Apartment 9204

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer COCO Co. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 2231317

Amount of Each Receipt this Period  
250.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Catherine Watson

Mailing Address P.O. Box 914

City Penney Farms State FL Zip Code 32079

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  
03 / 14 / 2007

Transaction ID: 2224097

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Emily Mason Kahn

Mailing Address 32 W 20th Street

City New York State NY Zip Code 10011

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Artist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2007

Transaction ID: 2222758

Amount of Each Receipt this Period  
250.00

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 2364 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 S Perkel		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2007	
Mailing Address P.O. Box 755		Transaction ID: 2220389	
City Wellfleet	State MA	Zip Code 02667	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Kirsten Gillibrand Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	[MEMO ITEM] MEMO	
Aggregate Year-to-Date ▼ 0.00			

B. Full Name (Last, First, Middle Initial) Mr. Peter Smith		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007	
Mailing Address P.O. Box 74		Transaction ID: 2230923	
City Buffalo	State NY	Zip Code 14205	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		Kirsten Gillibrand Contributions	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	[MEMO ITEM] MEMO	
Aggregate Year-to-Date ▼ 0.00			

C. Full Name (Last, First, Middle Initial) Ms. Patsy Rogers		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007	
Mailing Address P.O. Box 616		Transaction ID: 2231130	
City New Suffolk	State NY	Zip Code 11956	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Kirsten Gillibrand Contributions	
Name of Employer Self	Occupation composer, teacher	[MEMO ITEM] MEMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶	0.00
TOTAL This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2365 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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 Bramick		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 32 Childsworth Avenue		<b>Transaction ID:</b> 2229362	
City State Zip Code Bernardsville NJ 07924		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions	
Name of Employer self 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. Joan A. Larsen		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 174 County Route 35		<b>Transaction ID:</b> 2228631	
City State Zip Code Canton NY 13617		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions	
Name of Employer College Occupation Librarian		<b>[MEMO 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 R Aronoff		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 13 Station Lane		<b>Transaction ID:</b> 2229556	
City State Zip Code Philadelphia PA 19118		Amount of Each Receipt this Period 50.00	
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) .....	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 2366 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 J. Bevilacqua		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 110 D Street S.E. Apt. 212		Transaction ID: 2230853	
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions		
Name of Employer Occupation Library of Congress Cataloger	<b>[MEMO 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. Mary A. Thomas		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address P.O. Box 598		Transaction ID: 2229653	
City State Zip Code Quincy FL 32353	Amount of Each Receipt this Period 25.00		
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		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Linda Golodner		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 1739 Q Street, N.W.		Transaction ID: 2222926	
City State Zip Code Washington DC 20009	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions		
Name of Employer Occupation Nat'l Consumers League Consumer 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		

<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 2367 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Julie I. Fershtman		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 31700 Briarcliff Road		<b>Transaction ID:</b> 2228503
City State Zip Code Franklin MI 48025	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Occupation Law Offc. Julie Fershtman 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>B.</b> Full Name (Last, First, Middle Initial) Mr. John Morrill		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 316 S. Irving Street		<b>Transaction ID:</b> 2222944
City State Zip Code Arlington VA 22204	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Occupation Energy-Efficient Economy Manager/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. Nancy B. Kummerle		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address P.O. Box 449		<b>Transaction ID:</b> 2231295
City State Zip Code Grantham NH 03753	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Occupation Medical College Va. Student	<b>[MEMO 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 2368 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 A. Behrle Mailing Address P.O. Box 437 City State Zip Code <u>Granham</u> <u>NH</u> <u>03753</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</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: 2227621 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	6	/	2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	1	6	/	2	0	0	7														
100.00																							
FEC ID number of contributing federal political committee. <b>C</b>																							
Name of Employer Occupation 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. Sally Carson Mailing Address 3153 N 17th Street City State Zip Code <u>Arlington</u> <u>VA</u> <u>22201</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 2230478 Amount of Each Receipt this Period <table border="1"> <tr> <td>135.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	8	/	2	0	0	7	135.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	2	8	/	2	0	0	7														
135.00																							
FEC ID number of contributing federal political committee. <b>C</b>																							
Name of Employer Occupation Dept. of Defense, US Marine Corps Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Program Manager 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. Rose Z. Thorman Mailing Address P.O. Box 4312 City State Zip Code <u>Annapolis</u> <u>MD</u> <u>21403</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</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: 2229354 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	3	/	2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	2	3	/	2	0	0	7														
100.00																							
FEC ID number of contributing federal political committee. <b>C</b>																							
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Retired 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 2369 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Cyrus W. Banning

Mailing Address P.O. Box 397

City State Zip Code  
Gambier OH 43022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2007

Transaction ID: 2223166

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Eleanor J Katz

Mailing Address 315 W 70th Street  
Apt 9H

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  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: 2230752

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Geraldine Burger

Mailing Address 173 Reichard Lake Road

City State Zip Code  
Averill Park NY 12018

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  
03 / 19 / 2007

Transaction ID: 2228101

Amount of Each Receipt this Period  
25.00

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 2370 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Gina Molinet Mailing Address P.O. Box 391 City State Zip Code <u>Livington Manor</u> NY 12758 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>0</td><td>3</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: 2222834 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	3		2	0	0	7														
25.00																							
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 ▼ <table border="1"> <tr> <td>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Gregory A Fowler Mailing Address P.O. Box 390689 City State Zip Code <u>Mountain View</u> CA 94039 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>0</td><td>3</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: 2229730 Amount of Each Receipt this Period <table border="1"> <tr> <td>40.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	7	40.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	6		2	0	0	7														
40.00																							
Name of Employer Occupation none Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Robin G Willner Mailing Address 315 Riverside Drive # 10C City State Zip Code <u>New York</u> NY 10025 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>0</td><td>3</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> Transaction ID: 2224424 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	7		2	0	0	7														
250.00																							
Name of Employer Occupation IBM Manager 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 2371 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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 F. Dworkin		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 31401 Stonewood Court West		<b>Transaction ID:</b> 2223888	
City State Zip Code Farmington Hills MI 48334	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C	Kirsten Gillibrand Contributions		
Name of Employer Occupation Deworth Investment Co. Sec. Management	<b>[MEMO 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 Dowling		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 103 Tolomato Trail		<b>Transaction ID:</b> 2231163	
City State Zip Code Saint Simons Islan GA 31522	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	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		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Elaine A. Bridges		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address P.O. Box 3605		<b>Transaction ID:</b> 2228471	
City State Zip Code San Angelo TX 76902	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	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) ..... ▶	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 2372 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Benjamin Lee Bird

Mailing Address P.O. Box 356

City State Zip Code  
Flint Hill VA 22627

FEC ID number of contributing 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  
03 / 13 / 2007

**Transaction ID: 2222841**

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lynn Bahrych

Mailing Address P.O. Box 336

City State Zip Code  
Shaw Island WA 98286

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2007

**Transaction ID: 2224748**

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Miss Vera Blinn Reber

Mailing Address 314 East King Street

City State Zip Code  
Shippensburg PA 17257

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Shippensburg Univ Prof.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2007

**Transaction ID: 2228027**

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand 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 2373 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 R. Dietel

Mailing Address P.O. Box 309

City State Zip Code  
Flint Hill VA 22627

FEC ID number of contributing 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  
03 / 23 / 2007

Transaction ID: 2229512

Amount of Each Receipt this Period  
500.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Estelle T. Dashman

Mailing Address 11 Riverview Farm Road

City State Zip Code  
Ossining NY 10562

FEC ID number of contributing 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  
03 / 23 / 2007

Transaction ID: 2229391

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Gale Burwell

Mailing Address 3130 Chartwell Crescent Lane

City State Zip Code  
Adamstown MD 21710

FEC ID number of contributing 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  
03 / 16 / 2007

Transaction ID: 2227740

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 2374 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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 J. Gibbs		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address P.O. Box 279		Transaction ID: 2227590	
City Manchaca	State TX	Zip Code 78652	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Kirsten Gillibrand 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. Clara G. Schiffer		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 3125 Patterson Street, N.W.		Transaction ID: 2223144	
City Washington	State DC	Zip Code 20015	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C		Kirsten Gillibrand 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. Janice Miller		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 1266 West 20th Avenue		Transaction ID: 2229142	
City Oshkosh	State WI	Zip Code 54902	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Kirsten Gillibrand 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 2375 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 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. Lloyd V Blankenship

Mailing Address 3122 No. Sheridan Road # 1B

City State Zip Code  
Chicago IL 60607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2007

Transaction ID: 2230907

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Cheryl Braun

Mailing Address 1710 N Larrabee Street

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Midwest Diagnostic Patho Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2007

Transaction ID: 2228060

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Dr. Richard H. Goodwin

Mailing Address P.O. Box 2040

City State Zip Code  
Salem CT 06420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2007

Transaction ID: 2223966

Amount of Each Receipt this Period  
250.00

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 2376 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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. Dominican

Mailing Address 3113 Florence Drive

City Latham State NY Zip Code 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  
03 / 13 / 2007

Transaction ID: 2223137

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stanley Bier

Mailing Address P.O. Box 192

City Colonia State NJ Zip Code 07067

FEC ID number of contributing 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  
03 / 13 / 2007

Transaction ID: 2222755

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Miss Paulina C. Kreger

Mailing Address P.O. Box 188

City Redding Ridge State CT Zip Code 06876

FEC ID number of contributing 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  
03 / 26 / 2007

Transaction ID: 2230080

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 2377 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Coleen A. Hanna, Ph.D. Mailing Address P.O. Box 187 City Odenton State MD Zip Code 21113 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>0</td><td>3</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: 2223202 Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7	20.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	3		2	0	0	7														
20.00																							
Name of Employer Constellation Energy Group Occupation Psychologist 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. Page W Dwyer Mailing Address 1705 Millers Rd City Wilmington State DE Zip Code 19810 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>0</td><td>3</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: 2230827 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		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>0.00</td> </tr> </table>		0.00																					
0.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Sarah Jones Mailing Address P.O. Box 186 City Riderwood State MD Zip Code 21139 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>0</td><td>3</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: 2229080 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	2		2	0	0	7														
100.00																							
Name of Employer Self-employed Occupation Investor 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 2378 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 Hancock

Mailing Address 31 Summit Rd

City Belmont State MA Zip Code 02478

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 29 / 2007

Transaction ID: 2231563

Amount of Each Receipt this Period  
500.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mr. Patrick Falvey

Mailing Address P.O. Box 1211

City Greenfield State MA Zip Code 01302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation M DeMatteo Construction union carpenter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 13 / 2007

Transaction ID: 2223021

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Polly Masters

Mailing Address P.O. Box 106

City Ancramdale State NY Zip Code 12503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
03 / 22 / 2007

Transaction ID: 2229128

Amount of Each Receipt this Period  
200.00

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 2379 / 2428
	<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. Neva R. Dyer

Mailing Address P.O. Box 10

City Yorkville State CA Zip Code 95494

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 23 / 2007

Transaction ID: 2229567

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Carol M. Edmunds

Mailing Address 308 Silver Street

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  
03 / 20 / 2007

Transaction ID: 2228479

Amount of Each Receipt this Period  
30.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ann Fordham

Mailing Address 170 Villa Dr

City Poquoson State VA Zip Code 23662

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 13 / 2007

Transaction ID: 2222956

Amount of Each Receipt this Period  
25.00

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 2380 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 L. Olwell

Mailing Address Friends House # 31  
684 Benicia Drive

City Santa Rosa State CA Zip Code 95409

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Artist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2007

Transaction ID: 2229349

Amount of Each Receipt this Period  
300.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mercedes Agogino

Mailing Address ENMU PO Box 2268

City Portales State NM Zip Code 88130

FEC ID number of contributing 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  
03 / 14 / 2007

Transaction ID: 2224107

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sandi Cooper

Mailing Address College Of Staten IS  
History

City Staten Island State NY Zip Code 10314

FEC ID number of contributing federal political committee. **C**

Name of Employer C.U.N.Y. Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2007

Transaction ID: 2229559

Amount of Each Receipt this Period  
50.00

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 2381 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Judith E Dubin

Mailing Address 9936 Beverly Grove Drive

City State Zip Code  
Beverly Hills CA 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 2231156

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ora Gelberg

Mailing Address 170 Park Row, Apt. 8C

City State Zip Code  
New York NY 10038

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  
03 / 23 / 2007

Transaction ID: 2229642

Amount of Each Receipt this Period  
10.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Claire B. Levine

Mailing Address 307 South Dithridge Street  
Apt. 807

City State Zip Code  
Pittsburgh PA 15213

FEC ID number of contributing 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  
03 / 19 / 2007

Transaction ID: 2228061

Amount of Each Receipt this Period  
25.00

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 2382 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Polly P Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 307 East 12th Street #4B		<b>Transaction ID:</b> 2230799
City State Zip Code New York City NY 10003	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Freelance	Occupation Costume Designer	
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. Yde Johan VanDerMeulen		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address 98 Hickory Circle		<b>Transaction ID:</b> 2224591
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>		Kirsten Gillibrand 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. Polly P Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 307 East 12th Street #4B		<b>Transaction ID:</b> 2220319
City State Zip Code New York City NY 10003	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer Freelance	Occupation Costume Designer	
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 2383 / 2428
	<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. Mary L. Bundy

Mailing Address 170 E 79th Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2007

Transaction ID: 2227696

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Elaine Magilner

Mailing Address 1251 Fairacres Road

City State Zip Code  
Jenkintown PA 19046

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  
MM / DD / YYYY  
03 / 16 / 2007

Transaction ID: 2224721

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Karlyn Sugai

Mailing Address 11 Landers Street

City State Zip Code  
San Francisco CA 94114

FEC ID number of contributing 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  
03 / 20 / 2007

Transaction ID: 2228604

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2384 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 Waterbury		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 3057 S. Higuera, # 181		<b>Transaction ID:</b> 2220162
City State Zip Code San Luis Obispo CA 93401	Amount of Each Receipt this Period 25.00	
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	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Phyllis J Kayten		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 96 Churchill Ave		<b>Transaction ID:</b> 2230788
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>	Kirsten Gillibrand Contributions	
Name of Employer Occupation Stanford University librarian	<b>[MEMO 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. Raymond O'Day		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 9510 Old Hyde Park Place		<b>Transaction ID:</b> 2228020
City State Zip Code Bradenton FL 34202	Amount of Each Receipt this Period 25.00	
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 2385 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Janet M McDaniel Mailing Address 951 Spencer City State Zip Code <b>Los Altos CA 94024</b> 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>0</td><td>3</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: 2229553 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	3	/	2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	2	3	/	2	0	0	7														
50.00																							
Name of Employer Occupation Intel corporation Marketiing 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. Alyce R Ritti Mailing Address 170 Cherrywood Way City State Zip Code <b>Port Matilda PA 16870</b> 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>0</td><td>3</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: 2230809 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	9	/	2	0	0	7	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	2	9	/	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) Dr. Robert C. West Mailing Address 305 Nautilus Drive City State Zip Code <b>Madison WI 53705</b> 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>0</td><td>3</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: 2224431 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	6	/	2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	1	6	/	2	0	0	7														
100.00																							
Name of Employer Occupation Univ. of Wisconsin 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>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 2386 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Marjorie E. Vanek		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 10241 York Road		<b>Transaction ID:</b> 2228931	
City State Zip Code N. Royalton OH 44133		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>B.</b> Full Name (Last, First, Middle Initial) Ms. Joan Weeks		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 9420 Old Bonhomme Road		<b>Transaction ID:</b> 2224773	
City State Zip Code Saint Louis MO 63132		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions	
Name of Employer Occupation Unemployed		<b>[MEMO 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. Carmen J Williams		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 305 Centre St.		<b>Transaction ID:</b> 2222825	
City State Zip Code Haddonfield NJ 08033		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions	
Name of Employer Occupation University of Pennsylvania 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>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 2387 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="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 M. Isackson		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 9412 Walburg Way		<b>Transaction ID:</b> 2228947
City State Zip Code Montgomery Village MD 20886	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Genesis Rehab Services 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> Mr. Edgar M. Chase		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007
Mailing Address 9406 Michael Drive		<b>Transaction ID:</b> 2228881
City State Zip Code Clinton MD 20735	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	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Arlene S. Noble		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 940 Hilldale Ave		<b>Transaction ID:</b> 2230804
City State Zip Code Berkeley CA 94708	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions	
Name of Employer Self Occupation 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) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2388 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Julie Holzhueter Mailing Address 935 Saluda Ct City State Zip Code Chapel Hill NC 27514 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007 <b>Transaction ID: 2230869</b> Amount of Each Receipt this Period 25.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer John Edwards for President Occupation 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) Mr. Daniel Rous Mailing Address 304 W. 121st St. #8 City State Zip Code New York NY 10027 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007 <b>Transaction ID: 2220159</b> Amount of Each Receipt this Period 25.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer self Occupation cantor 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. Patti P. Frounfelter Mailing Address 125 N. Pansy St City State Zip Code Ishpeming MI 49849 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2224528</b> Amount of Each Receipt this Period 10.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer self Occupation CURVES owner 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 2389 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Pamela J Rogers

Mailing Address 1694 Patio Terrace #B

City State Zip Code  
Arlington TX 76010

FEC ID number of contributing federal political committee. **C**

Name of Employer Southern Methodist University  
Occupation Art Professor-Photography

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 2231125

Amount of Each Receipt this Period  
5.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Barbara A Mackoy

Mailing Address 928 Simon Drive

City State Zip Code  
Cedar Hill TX 75104

FEC ID number of contributing federal political committee. **C**

Name of Employer Fidelity Investments  
Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2007

Transaction ID: 2224398

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Hope Geisler

Mailing Address 3035 Birchton Road

City State Zip Code  
Ballston Spa NY 12020

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  
03 / 16 / 2007

Transaction ID: 2227724

Amount of Each Receipt this Period  
25.00

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 2390 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 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. Caroline R. DeOlden		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007	
Mailing Address 16825 SW Chinook Drive		Transaction ID: 2230719	
City State Zip Code Crooked River Ranc OR 97760		Amount of Each Receipt this Period 25.00	
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. Full Name (Last, First, Middle Initial) Mr. Clyde E Shorey, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007	
Mailing Address 3033 West Lane Keys NW		Transaction ID: 2230787	
City State Zip Code Washington DC 20007		Amount of Each Receipt this Period 250.00	
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	

C. Full Name (Last, First, Middle Initial) Mr. Clyde E Shorey, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007	
Mailing Address 3033 West Lane Keys NW		Transaction ID: 2224417	
City State Zip Code Washington DC 20007		Amount of Each Receipt this Period 250.00	
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 2391 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Michael Litt

Mailing Address 92 Wheatherstone Pl.

City State Zip Code  
Lake Oswego OR 97035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Oregon Health & Science Univ. Prof. Emeritus

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2007

Transaction ID: 2219907

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Brian Schaffhausen

Mailing Address 92 Lauricella Lane

City State Zip Code  
Waltham MA 02452

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  
03 / 26 / 2007

Transaction ID: 2230026

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Phyllis Schoen

Mailing Address 919 Westchester Place

City State Zip Code  
Los Angeles CA 90019

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  
03 / 28 / 2007

Transaction ID: 2230574

Amount of Each Receipt this Period  
10.00

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 2392 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Mr. Roger Ernst

Mailing Address 9176 Highland Ridge Way

City Tampa State FL Zip Code 33647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 29 / 2007

Transaction ID: 2230812

Amount of Each Receipt this Period  
25.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Laurie C Collins

Mailing Address 914 Geneva Street

City Glendale State CA Zip Code 91207

FEC ID number of contributing federal political committee. **C**

Name of Employer State of California 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  
03 / 29 / 2007

Transaction ID: 2230791

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Prof. Thomas A. Madden

Mailing Address 9130 Kedvale Avenue

City Skokie State IL Zip Code 60076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation 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  
03 / 14 / 2007

Transaction ID: 2223867

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 2393 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<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 S Liner

Mailing Address 10953 Cherry Ridge Road

City State Zip Code  
Sebastopol CA 95472

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 15 / 2007

Transaction ID: 2224819

Amount of Each Receipt this Period  
10.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ann Cerney

Mailing Address 900 W. Vine Street

City State Zip Code  
Lodi CA 95240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2007

Transaction ID: 2222982

Amount of Each Receipt this Period  
10.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marguerite P. Cullman

Mailing Address 300 Park Drive

City State Zip Code  
Severna Park MD 21146

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
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  
03 / 16 / 2007

Transaction ID: 2224562

Amount of Each Receipt this Period  
50.00

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 2394 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Brian D Dautch		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 300 3rd Street, NE # 103		Transaction ID: 2227363	
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions		
Name of Employer Grassroots Campaigns, Inc.	Occupation Democratic Activist		
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> Dr. Elaine Heffner		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 90 Riverside Drive # 9A		Transaction ID: 2230797	
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>	Kirsten Gillibrand Contributions		
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>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Karla Brooks Baehr		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 9 Stephen Place		Transaction ID: 2229397	
City State Zip Code Newton MA 02461	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions		
Name of Employer City of Lowell, MA	Occupation School Administrator		
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 2395 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Mr. Peter L. Zavon

Mailing Address 30 Woodline Drive

City Penfield State NY Zip Code 14526

FEC ID number of contributing federal political committee. **C**

Name of Employer REQUESTED Occupation Industrial Hygienist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2007

Transaction ID: 2231243

Amount of Each Receipt this Period  
100.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kerry Costello

Mailing Address 9 Rambler Road

City Jamaica Plain State MA Zip Code 02130

FEC ID number of contributing federal political committee. **C**

Name of Employer Town of Andover Occupation Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2007

Transaction ID: 2224559

Amount of Each Receipt this Period  
20.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Christine Sellge

Mailing Address 30 Copper Beech Road

City Greenwich State CT Zip Code 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 ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2007

Transaction ID: 2224692

Amount of Each Receipt this Period  
250.00

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 2396 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Abraham Spector		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 89 Hemlock Drive		<b>Transaction ID:</b> 2224665	
City State Zip Code Farmingdale NY 11735	Amount of Each Receipt this Period 12.00		
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		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Estelle C. Jones		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 3 Stanwich Lane		<b>Transaction ID:</b> 2223105	
City State Zip Code Greenwich CT 06830	Amount of Each Receipt this Period 50.00		
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		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Janet Eaton		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 1235 Marriottsville Road		<b>Transaction ID:</b> 2224288	
City State Zip Code Marriottsville MD 21104	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 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 2397 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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 J. Kwolek		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2007	
Mailing Address 8816 Fernwood Path		<b>Transaction ID:</b> 2230447	
City State Zip Code Washington MI 48094	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Kirsten Gillibrand Contributions		
Name of Employer Occupation E. Detroit Public School 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. Fleda A Dean		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 88 Park Street, # 35		<b>Transaction ID:</b> 2222079	
City State Zip Code Portland ME 04101	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	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		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ann C. Gawler		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2007	
Mailing Address 3 Sheridan Court		<b>Transaction ID:</b> 2223188	
City State Zip Code Clifton Park NY 12065	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	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) ..... ▶	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 2398 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input 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. Richard E Quandt		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 162 Springdale Road		<b>Transaction ID:</b> 2224745	
City State Zip Code Princeton NJ 08540	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		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Barbara Lyons		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 88 Central Park West		<b>Transaction ID:</b> 2223176	
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions		
Name of Employer Occupation Harry Abrams Inc 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> Mr. J. Kelley Nevling		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 88 Central Park West		<b>Transaction ID:</b> 2222882	
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>	Kirsten Gillibrand Contributions		
Name of Employer Occupation Citibank 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 2399 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Beverly W. Blum		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 3 Ivy Pl		<b>Transaction ID:</b> 2229341	
City State Zip Code Huntington NY 11743	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions		
Name of Employer Self Occupation 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>B.</b> Ms. Priscilla M. Leith		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 162 Islington Road		<b>Transaction ID:</b> 2228649	
City State Zip Code Newton MA 02466	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 Self Occupation 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> Mrs. Mary L Carter		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 109 Smithfield Drive		<b>Transaction ID:</b> 2224824	
City State Zip Code Endicott NY 13760	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>	Kirsten Gillibrand Contributions		
Name of Employer Town of Vestal, NY Occupation library clerk	<b>[MEMO 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 2400 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Idell Weydemeyer Mailing Address 877 N Rancho Road City El Sobrante State CA Zip Code 94803 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>0</td><td>3</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: 2230060 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	7	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	6		2	0	0	7														
25.00																							
Name of Employer State of California Occupation Economic Analyst 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. Deborah B. Friend Mailing Address 3 Crystal Lane City Newton State NH Zip Code 03858 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>0</td><td>3</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> Transaction ID: 2224781 Amount of Each Receipt this Period <table border="1"> <tr> <td>5.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	0	7	5.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	7		2	0	0	7														
5.00																							
Name of Employer UBS Financial Services Inc. Occupation Investment Associate 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. Helen Reinhard Mailing Address 87 Bridge Street City Medfield State MA Zip Code 02052 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>0</td><td>3</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> Transaction ID: 2228645 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	7	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	0		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>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 2401 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Ms. Laura J Scott

Mailing Address 866 Wharfside Rd.

City State Zip Code  
San Mateo CA 94404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Equinix Marketing 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  
03 / 29 / 2007

Transaction ID: 2230713

Amount of Each Receipt this Period  
250.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sally R Parker

Mailing Address 8614 Meadowsweet Ct.

City State Zip Code  
Columbia MD 21045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Northrop Grumman 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  
03 / 07 / 2007

Transaction ID: 2220366

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Mr. David R. Daniel

Mailing Address 16120 Rancho Del Lago

City State Zip Code  
moreno valley CA 92551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Prudential California Realty Realtor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2007

Transaction ID: 2224833

Amount of Each Receipt this Period  
50.00

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 2402 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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. Viann McQueen Mailing Address 8538 Terrace Drive City Sandy State UT Zip Code 84093 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007 <b>Transaction ID: 2222959</b> Amount of Each Receipt this Period 100.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer: Fed Govnt Occupation: Contract Admin 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 M Boyden Mailing Address 8525 Nottingham Place City La Jolla State CA Zip Code 92037 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007 <b>Transaction ID: 2230815</b> Amount of Each Receipt this Period 50.00 Kirsten Gillibrand 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) Mrs. Daniela B. Ettlinger Mailing Address 851 Marina Drive City Weston State FL Zip Code 33327 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007 <b>Transaction ID: 2230870</b> Amount of Each Receipt this Period 50.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer: D&D Enterprises Occupation: Bookkeeper 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 2403 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input 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. David J Pasta		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2007
Mailing Address 2970 South Court		Transaction ID: 2229626
City State Zip Code Palo Alto CA 94306	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Kirsten Gillibrand Contributions	
Name of Employer Occupation OVATION RESEARCH GROUP STATISTICIAN	<b>[MEMO 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. Dorothy G. Givens		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 849 Cascade Drive		Transaction ID: 2223118
City State Zip Code Sunnyvale CA 94087	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Kirsten Gillibrand 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> Adair Waldenberg		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 838 Camden Lane		Transaction ID: 2228540
City State Zip Code Northfield IL 60093	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Kirsten Gillibrand Contributions	
Name of Employer Occupation Northwestern University 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2404 / 2428
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Clara R. Bleak		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 10218 Berkshire Road		<b>Transaction ID:</b> 2227658	
City State Zip Code Bloomington MN 55437	Amount of Each Receipt this Period 50.00		
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		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Gloria J. Fulcher		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 2925 Roanoke Court		<b>Transaction ID:</b> 2228855	
City State Zip Code Bakersfield CA 93306	Amount of Each Receipt this Period 25.00		
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		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Anita B Barker		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2007	
Mailing Address 1611 Cold Spring Rd. Box 636		<b>Transaction ID:</b> 2220421	
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>	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) ..... ▶	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 2405 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 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  
03 / 16 / 2007

Transaction ID: 2224569

Amount of Each Receipt this Period  
50.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**B.** Full Name (Last, First, Middle Initial)  
Caryle Miller

Mailing Address 8132 Keeler Street

City Alexandria State VA Zip Code 22309

FEC ID number of contributing federal political committee. **C**

Name of Employer DOE 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 Y  
03 / 13 / 2007

Transaction ID: 2222923

Amount of Each Receipt this Period  
200.00

Kirsten Gillibrand Contributions

**[MEMO ITEM]**  
MEMO

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary M Halloran

Mailing Address 813 Pleasant Hill Road

City Wallingford State PA Zip Code 19086

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation marketing 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  
03 / 18 / 2007

Transaction ID: 2224546

Amount of Each Receipt this Period  
50.00

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 2406 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input 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. Marjorie R Larson		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 12310 30th Ave N		Transaction ID: 2230838	
City Plymouth	State MN	Zip Code 55441	Amount of Each Receipt this Period 30.00
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		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Elizabeth F Shipley		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 805 HAGYS FORD RD		Transaction ID: 2223161	
City Narberth	State PA	Zip Code 19072	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions	
Name of Employer retired	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. Barbara Crain		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 2905 Bliss Avenue		Transaction ID: 2228508	
City Clovis	State CA	Zip Code 93611	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 Unilab	Occupation 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) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2407 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 A. Meador		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 800 Lake Port Blvd Apt C502		Transaction ID: 2230017	
City Leesburg	State FL	Zip Code 34748	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Kirsten Gillibrand Contributions	
Name of Employer Receipt For:	Occupation Housewife	[MEMO ITEM] 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.</b> Ms. Gretchen M. Hoffmann		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 800 Avondale Road		Transaction ID: 2230872	
City Austin	State TX	Zip Code 78704	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Kirsten Gillibrand Contributions	
Name of Employer fulbright & jaworski llp	Occupation attorney	[MEMO ITEM] MEMO	
Receipt For:	Aggregate Year-to-Date ▼ 0.00		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Armine G. Cuber		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 2904 Lynnwood Drive		Transaction ID: 2227648	
City Columbia	State MO	Zip Code 65203	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Kirsten Gillibrand Contributions	
Name of Employer Receipt For:	Occupation Retired	[MEMO ITEM] 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 2408 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Maxine H. Rader		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 2901 U A A Drive		<b>Transaction ID:</b> 2230572	
City State Zip Code Anchorage AK 99508		Amount of Each Receipt this Period 50.00	
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>B.</b> Full Name (Last, First, Middle Initial) Ms. Paula M Belluardo		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 16 Woodland Ave		<b>Transaction ID:</b> 2230847	
City State Zip Code Poughkeepsie NY 12603		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions	
Name of Employer Occupation Vassar College Administrative Assistant		<b>[MEMO 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. Sheila L. Zweifler		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 8 Van Duzer Drive		<b>Transaction ID:</b> 2230538	
City State Zip Code Poughkeepsie NY 12603		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand 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 2409 / 2428
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Pamela A. Marino Mailing Address 8 Mills Rd City Gaithersburg State MD Zip Code 20877 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 <b>Transaction ID: 2227806</b> Amount of Each Receipt this Period 25.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer NIGMS NIH gov. Occupation Program Director 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. Sarah B. Glickenhaus Mailing Address 100 Dorchester Road City Scarsdale State NY Zip Code 10583 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007 <b>Transaction ID: 2224077</b> Amount of Each Receipt this Period 250.00 Kirsten Gillibrand Contributions <b>[MEMO ITEM]</b> MEMO
Name of Employer Self Occupation Speech and Hearing Therapist 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. Lucinda Dudley Mailing Address 10 Bray Wood Road City Williamsburg State VA Zip Code 23185 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007 <b>Transaction ID: 2229148</b> Amount of Each Receipt this Period 100.00 Kirsten Gillibrand 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>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 2410 / 2428
	(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. Ellen C. Singer		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 1 Charles St. Apt. 3B		<b>Transaction ID:</b> 2227719
City State Zip Code Boston MA 02116	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand Contributions  <b>[MEMO ITEM]</b> MEMO
Name of Employer	Occupation Volunteer	
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. Margaret Schmitz		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 1 Calhoun Street		<b>Transaction ID:</b> 2228594
City State Zip Code Grantsville WV 26147	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Kirsten Gillibrand 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) .....	574016.30

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2411 / 2428  
(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)  
American Association for Justice PAC

Mailing Address 1050 31st Street NW

City State Zip Code  
Washington DC 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 09 / 2007

**Transaction ID:** 2222430

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Schakowsky for Congress

Mailing Address 1101 Ridge Avenue

City State Zip Code  
Evanston IL 60202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2007

**Transaction ID:** 2222515

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
SEIU COPE PAC

Mailing Address 1313 L Street, N.W.

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 16 / 2007

**Transaction ID:** 2227532

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

**TOTAL** This Period (last page this line number only) ..... ► **11000.00**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2412 / 2428  
(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)  
Grassroots Solutions

Mailing Address 1120 Connecticut Ave NW  
11th Floor

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2007

Transaction ID: 5083

Amount of Each Receipt this Period  
4200.00

Sublease Rent at Fair Market Value

Orig Vendor Jack Bender

**B.** Full Name (Last, First, Middle Initial)  
Grassroots Solutions

Mailing Address 1120 Connecticut Avenue NW  
Ste 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  
03 / 02 / 2007

Transaction ID: 5084

Amount of Each Receipt this Period  
5.82

Postage at Fair Market Value

Orig Vendor US Post Office

**C.** Full Name (Last, First, Middle Initial)  
Grassroots Solutions

Mailing Address 1120 Connecticut Avenue NW  
Ste 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  
03 / 02 / 2007

Transaction ID: 5085

Amount of Each Receipt this Period  
49.90

Telephone at Fair Market Value

Orig Vendor Working Assets

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4255.72**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2413 / 2428
	<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. Grassroots Solutions</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 1120 Connecticut Avenue NW Ste 1100		<b>Transaction ID: 5086</b>	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 14.28		
FEC ID number of contributing federal political committee. <b>C</b>	Copies at Fair Market Value		
Name of Employer Occupation	Orig Vendor Ikon 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>B. Amie Kershner-Murray</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 2209 E. Lombard St. #1		<b>Transaction ID: 5089</b>	
City State Zip Code Baltimore MD 21231	Amount of Each Receipt this Period 0.04		
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. Ellen Malcolm</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 1120 Connecticut Ave, NW Suite 1100		<b>Transaction ID: 5090</b>	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1.48		
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	15.80
<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 2414 / 2428
	<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.</b> Ellen Malcolm		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 1120 Connecticut Ave, NW Suite 1100		Transaction ID: 5091	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 3.51		
FEC ID number of contributing federal political committee. <b>C</b>	Postage at Fair Market Value		
Name of Employer Occupation	Orig Vendor US Postal Service		
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> Dana Jones		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 11726 Putting Green Court		Transaction ID: 5096	
City State Zip Code Reston VA 20191	Amount of Each Receipt this Period 1.44		
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> Martha McKenna		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 913 S. Decker St		Transaction ID: 5093	
City State Zip Code Baltimore MD 21224	Amount of Each Receipt this Period 0.96		
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5.91
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 2415 / 2428
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ramona Oliver		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 2201 Wilson Blvd. #611		<b>Transaction ID:</b> 5094	
City Arlington	State VA	Zip Code 22201	Amount of Each Receipt this Period 0.03
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>B.</b> Full Name (Last, First, Middle Initial) Jennifer Sanford		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 802 H Gallop Hill Rd		<b>Transaction ID:</b> 5095	
City Gaithersburg	State MD	Zip Code 20879	Amount of Each Receipt this Period 0.02
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>C.</b> Full Name (Last, First, Middle Initial) Dana Jones		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 11726 Putting Green Court		<b>Transaction ID:</b> 5097	
City Reston	State VA	Zip Code 20191	Amount of Each Receipt this Period 30.06
FEC ID number of contributing federal political committee. C		Postage at Fair Market Value	
Name of Employer	Occupation	Orig Vendor US Postal Service	
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) ..... ▶	30.11
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2416 / 2428
	<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. Callie Fines</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 10621 Regent Park Court		<b>Transaction ID: 5098</b>	
City State Zip Code Fairfax VA 22030	Amount of Each Receipt this Period 3.51		
FEC ID number of contributing federal political committee. C	Postage at Fair Market Value		
Name of Employer Occupation	Orig Vendor US Postal Service		
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. Susan Finkle</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 11605 34th Place		<b>Transaction ID: 5099</b>	
City State Zip Code Beltsville MD 20705	Amount of Each Receipt this Period 0.04		
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>C. Susan Finkle</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 11605 34th Place		<b>Transaction ID: 5100</b>	
City State Zip Code Beltsville MD 20705	Amount of Each Receipt this Period 0.39		
FEC ID number of contributing federal political committee. C	Postage at Fair Market Value		
Name of Employer Occupation	Orig Vendor US Postal Service		
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) ..... ▶	3.94
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2417 / 2428  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

**A.** Full Name (Last, First, Middle Initial)  
Mary Jane Volk

Mailing Address 541 E. Nelson Avenue

City State Zip Code  
Alexandria VA 22301

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  
03 / 15 / 2007

**Transaction ID:** 5101

Amount of Each Receipt this Period  
1.38

Telephone at Fair Market Value

Orig Vendor Working Assets

**B.** Full Name (Last, First, Middle Initial)  
Mary Jane Volk

Mailing Address 541 E. Nelson Avenue

City State Zip Code  
Alexandria VA 22301

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  
03 / 15 / 2007

**Transaction ID:** 5102

Amount of Each Receipt this Period  
0.39

Postage at Fair Market Value

Orig Vendor US Postal Service

**C.** Full Name (Last, First, Middle Initial)  
Dave McGonagle

Mailing Address 1862 Ontario Place NW, Apt. 14

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 Y  
03 / 15 / 2007

**Transaction ID:** 5103

Amount of Each Receipt this Period  
0.06

Telephone at Fair Market Value

Orig Vendor Working Assets

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1.83
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2418 / 2428  
(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)  
Susan Markham  
Mailing Address 1402 Emerson Street, NW  
City State Zip Code  
Washington DC 20011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2007  
**Transaction ID: 5074**  
Amount of Each Receipt this Period  
1.81  
Telephone at Fair Market Value  
Orig Vendor Working Assets

**B.** Full Name (Last, First, Middle Initial)  
Susan Markham  
Mailing Address 1402 Emerson Street, NW  
City State Zip Code  
Washington DC 20011  
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  
03 / 15 / 2007  
**Transaction ID: 5075**  
Amount of Each Receipt this Period  
1.56  
Postage at Fair Market Value  
Orig Vendor US Post Office

**C.** Full Name (Last, First, Middle Initial)  
Kate Chapek  
Mailing Address 1435 N St. NW  
City State Zip Code  
Washington DC 20007  
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  
03 / 15 / 2007  
**Transaction ID: 5076**  
Amount of Each Receipt this Period  
0.39  
Postage at Fair Market Value  
Orig Vendor US Post Office

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3.76**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2419 / 2428  
(check only one)

<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.</b> Britt Cocanour		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 6606 Allegheny Ave		<b>Transaction ID:</b> 5077
City State Zip Code Takoma Park MD 20912	Amount of Each Receipt this Period 0.29	
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>B.</b> Joanne Wilson		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 3806 Viser Court		<b>Transaction ID:</b> 5078
City State Zip Code Bowie MD 20715	Amount of Each Receipt this Period 10.37	
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> Becca Runyan		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 1503 30th Street NW Apt 1		<b>Transaction ID:</b> 5079
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 64.99	
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>75.65</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 2420 / 2428
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Becca Runyan		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 1503 30th Street NW Apt 1		<b>Transaction ID:</b> 5080	
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 0.39		
FEC ID number of contributing federal political committee. <b>C</b>	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>B.</b> Ha Hoa Dang		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 2741 Woodley Place		<b>Transaction ID:</b> 5081	
City State Zip Code Falls Church VA 22046	Amount of Each Receipt this Period 32.00		
FEC ID number of contributing federal political committee. <b>C</b>	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.</b> Laila Mahip		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 616 E Street NW #712		<b>Transaction ID:</b> 5082	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1.26		
FEC ID number of contributing federal political committee. <b>C</b>	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) ..... ▶	33.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2421 / 2428
	<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.</b> Ellen Malcolm		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 1120 Connecticut Ave, NW Suite 1100		<b>Transaction ID:</b> 5092	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 46.80		
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		

Full Name (Last, First, Middle Initial) <b>B.</b> SaBrina Brown		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 3730 5th St		<b>Transaction ID:</b> 5088	
City State Zip Code North Beach MD 20714	Amount of Each Receipt this Period 6.48		
FEC ID number of contributing federal political committee. <b>C</b>	Telephone at Fair Market Value		
Name of Employer Occupation	Orig Vendor Working Asses- ts		
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> SaBrina Brown		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 3730 5th St		<b>Transaction ID:</b> 5104	
City State Zip Code North Beach MD 20714	Amount of Each Receipt this Period 6.50		
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	59.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2422 / 2428
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

Full Name (Last, First, Middle Initial) <b>A. American List Counsel, Inc.</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address PO Box 32189		<b>Transaction ID: 5105</b>
City State Zip Code Hartford CT 06510	Amount of Each Receipt this Period 2494.59	
FEC ID number of contributing federal political committee. <b>C</b>	List Rental Refund 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. Nadia Garnett</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 3725 35th Street		<b>Transaction ID: 5106</b>
City State Zip Code Mt. Rainer MD 20712	Amount of Each Receipt this Period 0.34	
FEC ID number of contributing federal political committee. <b>C</b>	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		

Full Name (Last, First, Middle Initial) <b>C. Anne Caprara</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007
Mailing Address 1600 South Eads Street #2325		<b>Transaction ID: 5108</b>
City State Zip Code Arlington VA 22202	Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. <b>C</b>	Telephone at Fair Market Value Orig Vendor Cingular Wireless	
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) ..... ▶	2669.93
<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 2423 / 2428  
(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)  
Benjamin Jones

Mailing Address 10117 Big Rock Road

City State Zip Code  
Silver Spring MD 20901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

**Transaction ID:** 5109

Amount of Each Receipt this Period  
197.76

Travel at Fair Market Value

Orig Vendor American Express

**B.** Full Name (Last, First, Middle Initial)  
Grassroots Solutions

Mailing Address 1120 Connecticut Avenue NW  
Ste 1100

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

**Transaction ID:** 5110

Amount of Each Receipt this Period  
4.32

Postage at Fair Market Value

Orig Vendor US Post Office

**C.** Full Name (Last, First, Middle Initial)  
Grassroots Solutions

Mailing Address 1120 Connecticut Avenue NW  
Ste 1100

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

**Transaction ID:** 5111

Amount of Each Receipt this Period  
83.50

Telephone at Fair Market Value

Orig Vendor Working Assets

**SUBTOTAL** of Receipts This Page (optional) ..... ► **285.58**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2424 / 2428  
(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)  
Grassroots Solutions

Mailing Address 1120 Connecticut Avenue NW  
Ste 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  
03 / 23 / 2007

**Transaction ID:** 5112

Amount of Each Receipt this Period  
18.36

Copies at Fair Market Value

Orig Vendor Ikon Office

**B.** Full Name (Last, First, Middle Initial)  
Grassroots Solutions

Mailing Address 1120 Connecticut Avenue NW  
Ste 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  
03 / 23 / 2007

**Transaction ID:** 5113

Amount of Each Receipt this Period  
210.00

Parking at Fair Market Value

Orig Vendor Colonial Parking

**C.** Full Name (Last, First, Middle Initial)  
Grassroots Solutions

Mailing Address 1120 Connecticut Avenue NW  
Ste 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  
03 / 02 / 2007

**Transaction ID:** 5087

Amount of Each Receipt this Period  
210.00

Parking at Fair Market Value

Orig Vendor Colonial Parking

**SUBTOTAL** of Receipts This Page (optional) ..... ► **438.36**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2425 / 2428
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
EMILY's List

A. Full Name (Last, First, Middle Initial) Nadia Garnett		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 3725 35th Street		Transaction ID: 5107	
City State Zip Code Mt. Ranier MD 20712	Amount of Each Receipt this Period 43.84		
FEC ID number of contributing federal political committee. C	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. Full Name (Last, First, Middle Initial) Lisa Robillard		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 4326 South 36th Street		Transaction ID: 5114	
City State Zip Code Arlington VA 22206	Amount of Each Receipt this Period 0.87		
FEC ID number of contributing federal political committee. C	Postage at Fair Market Value		
Name of Employer Occupation	Orig Vendor US Postal Service		
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) ..... ▶	44.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	7924.73

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2426 / 2428
	<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 03 / 05 / 2007	
Mailing Address 1850 K St, NW		Transaction ID: 5115	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 11.75		
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 ▼ 41.50			

Full Name (Last, First, Middle Initial) <b>B.</b> Merrill Lynch		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 1850 K St, NW		Transaction ID: 5117	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 971.34		
FEC ID number of contributing federal political committee. <b>C</b>	Sale of 17shs of BP PLC		
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ .00		Cntrb J. Droste reported 3/9/07	

Full Name (Last, First, Middle Initial) <b>C.</b> Merrill Lynch		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 1850 K St, NW		Transaction ID: 5116	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 2446.40		
FEC ID number of contributing federal political committee. <b>C</b>	Sale of 57 shs Biogen Idec Inc		
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ .00		Cntrb E Cohen reported 3/13/07	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3429.49
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 2427 / 2428
	(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 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> Bank of America		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address 1501 Pennsylvania Ave, NW		<b>Transaction ID:</b> 5118
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 187.39	
FEC ID number of contributing federal political committee. C	Interest	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 600.40	

Full Name (Last, First, Middle Initial) <b>B.</b> Bank of America		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 1501 Pennsylvania Ave, NW		<b>Transaction ID:</b> 5119
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 3846.01	
FEC ID number of contributing federal political committee. C	Sweep Interest	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 6786.86	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4033.40
<b>TOTAL</b> This Period (last page this line number only) .....	7462.89

Image# 27930654381

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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