

A. Form/Schedule : **F3XA**

Transaction ID :

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
EMILY's List

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		452158.83
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	452158.83									
(c) Total Receipts (from Line 19)	865766.18	865766.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1317925.01	1317925.01								
7. Total Disbursements (from Line 31)	850434.50	850434.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	467490.51	467490.51								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	271005.00	271005.00
(ii) Unitemized	387196.00	387196.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	658201.00	658201.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	250.00	250.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	658451.00	658451.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	7267.57	7267.57
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	47.61	47.61
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	200000.00	200000.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	200000.00	200000.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	865766.18	865766.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	665766.18	665766.18

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.....	6945.46	6945.46
(ii) Non-Federal Share.....	6945.56	6945.56
(b) Other Federal Operating Expenditures.....	836518.48	836518.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	850409.50	850409.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	25.00	25.00
(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))	25.00	25.00
29. Other Disbursements.....	0.00	0.00
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))..	850434.50	850434.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	843488.94	843488.94

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)	658451.00	658451.00
34. Total Contribution Refunds (from Line 28(d))	25.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	658426.00	658426.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	843463.94	843463.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	7267.57	7267.57
38. Net Operating Expenditures (subtract Line 37 from Line 36)	836196.37	836196.37

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

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

FOR LINE NUMBER: PAGE 7 / 295

(check only one)

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

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

NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Mr. Abraham Smith

Mailing Address 35 Royal Crest Drive #2

City State Zip Code
Marlborough MA 01752

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

Name of Employer Occupation
Intel Corporation Engineer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 2928422

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Ada W. Warner

Mailing Address 7 Roberts Road

City State Zip Code
Newtown Sq PA 19073

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: 2930989

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Adrienne E. Rogers

Mailing Address 19 Lakeview Road

City State Zip Code
Winchester MA 01890

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

Name of Employer Occupation
none Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2927474

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 295

(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Mrs. 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 ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	1

Transaction ID: 2927777

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Alan Weiner

Mailing Address 2303 22nd Avenue East

City State Zip Code
Seattle WA 98112

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

Name of Employer Occupation
University of Washington Teacher

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

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

Transaction ID: 2926757

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Alice Wingwall

Mailing Address 2717 Russell Street

City State Zip Code
Berkeley CA 94705

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
0	1		0	6		2	0	1	1

Transaction ID: 2926454

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 295
(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. Alice H. Webster

Mailing Address 12546 Cedar Rd., Apt. 4
Apt. 4

City Cleveland State OH Zip Code 44106

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation housewife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 14 / 2011
Transaction ID: 2928580
 Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Alison C. Fuller

Mailing Address 304 N. San Pedro Ct.

City San Rafael State CA Zip Code 94903

FEC ID number of contributing federal political committee. C

Name of Employer none Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 05 / 2011
Transaction ID: 2926550
 Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mrs. Alison L. Steadman

Mailing Address 2960 Newark Street, N.W.

City Washington State DC Zip Code 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 ▼
800.00

Date of Receipt
01 / 10 / 2011
Transaction ID: 2927259
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) 1550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 295

(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Mrs. Alison L. Steadman

Mailing Address 2960 Newark Street, N.W.

City State Zip Code
Washington DC 20008

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	1

Transaction ID: 2929905

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Allan C. Martin

Mailing Address 62 Selby Lane

City State Zip Code
Atherton CA 94027

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

Name of Employer Occupation
NEPC Consultant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 2932012

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Amy J. Goldberg, M.D.

Mailing Address 440 S. Broad Street Unit 2301

City State Zip Code
Philadelphia PA 19146

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 2926663

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 295
(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. Amy L Lowrey

Mailing Address 1502 Newning Ave

City State Zip Code
Austin TX 78704

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

Name of Employer
freelance

Occupation
Writer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2011

Transaction ID: 2926862

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Amy Wong Mok

Mailing Address 6301 Cat Mountain Cove

City State Zip Code
Austin TX 78731

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

Name of Employer

Occupation
REQUESTED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2011

Transaction ID: 2927065

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Andrew Mullhaupt

Mailing Address 19 Old Route 100

City State Zip Code
Katonah NY 10536

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

Name of Employer
Stony Brook University

Occupation
Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2011

Transaction ID: 2931739

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional) ► **6750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 295
(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. Anita R. Jacobson

Mailing Address 91 Central Park West

City State Zip Code
New York NY 10023

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2011

Transaction ID: 2929768

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Anita Siegenthaler

Mailing Address P.O. Box 336

City State Zip Code
Pt. Clyde ME 04855

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

Name of Employer Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2011

Transaction ID: 2931809

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Ms. Ann G. Hurlbut

Mailing Address 5 Sparks St.

City State Zip Code
Cambridge MA 02138

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

Name of Employer self Occupation Writer, Ret. HS Teac

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2011

Transaction ID: 2930023

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 295
(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. Ann G. Hurlbut

Mailing Address 5 Sparks St.

City State Zip Code
Cambridge MA 02138

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

Name of Employer self Occupation
Writer, Ret. HS Teac

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2011

Transaction ID: 2935707

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Ms. Anna T. Lane

Mailing Address 1924 Stony Point Rd

City State Zip Code
Charlottesville VA 22911

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

Name of Employer not employed Occupation
investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2011

Transaction ID: 2927480

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Anne Casscells

Mailing Address 735 Nevada Ave.

City State Zip Code
San Mateo CA 94402

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

Name of Employer Stanford University Occupation
Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2011

Transaction ID: 2927239

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 700.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 295
(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 Freeny
Mailing Address 17 Egbert Avenue
City State Zip Code
Morristown NJ 07960
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 01 / 19 / 2011
Transaction ID: 2929852
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Anne Hill
Mailing Address 121 S Hunt Rd
City State Zip Code
Carbondale IL 62902
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt: 01 / 27 / 2011
Transaction ID: 2932105
Amount of Each Receipt this Period: 1500.00

C. Full Name (Last, First, Middle Initial)
Ms. Anne Hale Hale Johnson
Mailing Address 4970 Sentinel Dr.,#406
City State Zip Code
Bethesda MD 20816
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: 01 / 16 / 2011
Transaction ID: 2932531
Amount of Each Receipt this Period: 500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 295

(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)
Anthony Shepherd

Mailing Address 165 East 32nd Street Apt 6E

City State Zip Code
New York NY 10016

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

Name of Employer Occupation
Protravel travel agent

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: 2931750

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Areta Crowell

Mailing Address 2934 N. Beachwood Dr.

City State Zip Code
Los Angeles CA 90068

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

Name of Employer Occupation
none Retired

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2928268

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Arlene Ford

Mailing Address 102 Cross Keys Road
Unit B

City State Zip Code
Baltimore MD 21210

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

Name of Employer Occupation
REQUESTED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2930168

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 295
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 Lipman		Date of Receipt
	Mailing Address 3309 Devon Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 0 6 / 2 0 1 1
	City	State	Zip Code
	Coconut Grove	FL	33133
	FEC ID number of contributing federal political committee. C		Transaction ID: 2926741
Name of Employer Self		Occupation Social Worker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) Ms. Barbara H. Morgan		Date of Receipt
	Mailing Address 5231 James Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 0 / 2 0 1 1
	City	State	Zip Code
	Oakland	CA	94618
	FEC ID number of contributing federal political committee. C		Transaction ID: 2927126
Name of Employer Univ. CA-Berkeley		Occupation Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Ms. Barbara Roberts		Date of Receipt
	Mailing Address 845 Everest Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 4 / 2 0 1 1
	City	State	Zip Code
	Rothschild	WI	54474
	FEC ID number of contributing federal political committee. C		Transaction ID: 2928577
Name of Employer		Occupation REQUESTED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 295
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <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 J. French		Date of Receipt
	Mailing Address 741 S. Cass St PO Box 133		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 1 8 / 2 0 1 1
	City	State	Zip Code
	Virginia	IL	62691
	FEC ID number of contributing federal political committee. C		Transaction ID: 2928870
Name of Employer		Occupation	Amount of Each Receipt this Period
		Retired	<input type="text"/> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) Ms. Barbara S. Robinson		Date of Receipt
	Mailing Address 2 Bratenahl Place, #15BC		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 0 / 2 0 1 1
	City	State	Zip Code
	Cleveland	OH	44108
	FEC ID number of contributing federal political committee. C		Transaction ID: 2930328
Name of Employer		Occupation	Amount of Each Receipt this Period
Self		Homemaker	<input type="text"/> 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Barbara S. Bruner		Date of Receipt
	Mailing Address 795 Hammond Drive #407		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Atlanta	GA	30328
	FEC ID number of contributing federal political committee. C		Transaction ID: 2934028
Name of Employer		Occupation	Amount of Each Receipt this Period
		Retired	<input type="text"/> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 18 / 295
(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. Barbara H Bergmann
 Mailing Address 966 SE Sunwood Ct.
 City State Zip Code
Bend OR 97702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
retired
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt
MM / DD / YYYY
01 / 11 / 2011
Transaction ID: 2927776
 Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Becky A. Moncur
 Mailing Address 14078 Mahogan Avenue
 City State Zip Code
Jacksonville FL 32258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Retired
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt
MM / DD / YYYY
01 / 10 / 2011
Transaction ID: 2927466
 Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Bernice Wasserman
 Mailing Address 59 Hicks Street
 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 ▼ 250.00
 Date of Receipt
MM / DD / YYYY
01 / 05 / 2011
Transaction ID: 2926321
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 295
(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. Berta Aguilera Gehry
Mailing Address 1002 22nd Street
City State Zip Code
Santa Monica CA 90403
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Frank O. Gehry & Assoc. CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 1 1
Transaction ID: 2926549
Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Beth J. Boland
Mailing Address 8 Riverview Terrace
City State Zip Code
Dover MA 02030
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Bingham McCutchen LLP Lawyer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 1 1
Transaction ID: 2929960
Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Col. Billie Bobbitt
Mailing Address PO Box 1656
City State Zip Code
Lakeside AZ 85929
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
USAF Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 1 1
Transaction ID: 2927577
Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► 7000.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 20 / 295
(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. Bonnie Du Askowitz

Mailing Address 12101 SW 93 Avenue

City State Zip Code
Miami FL 33176

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

Name of Employer Self Occupation Artist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2011

Transaction ID: 2930710

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Bonnie W. Chapman

Mailing Address 380 Gulf of Mexico Drive # 531

City State Zip Code
Longboat Key FL 34228

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

Name of Employer n/a Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2011

Transaction ID: 2930715

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Brenda Frank

Mailing Address 9360 West Flamingo Rd #110-426

City State Zip Code
Las Vegas NV 89147

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

Name of Employer Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2011

Transaction ID: 2931106

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 295
(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)
Brette McSweeney

Mailing Address 138 Underhill Ave.

City State Zip Code
Brooklyn NY 11238

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Eleanor's Legacy Non-profit exec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
01 / 13 / 2011

Transaction ID: 2928263

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Cari Sacks

Mailing Address 1425 Waverly Road

City State Zip Code
Highland Park IL 60035

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 MM / DD / YYYY
01 / 27 / 2011

Transaction ID: 2932126

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Carl de Boor

Mailing Address PO Box 1076

City State Zip Code
Eastsound WA 98245

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
retired Mathematician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
01 / 11 / 2011

Transaction ID: 2927784

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 2300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 295
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Carol Pensky
Mailing Address 4821 W. Street, NW
City Washington State DC Zip Code 20007
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Volunteer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 01 / 06 / 2011
Transaction ID: 2926736
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Carol Mon Lee
Mailing Address 3255 Huelani Drive
City Honolulu State HI Zip Code 96822
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation REQUESTED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 01 / 10 / 2011
Transaction ID: 2927393
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ms. Carol Netzer
Mailing Address 455 N End Ave Apt 1217
City New York State NY Zip Code 10282
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 01 / 10 / 2011
Transaction ID: 2927449
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 23 / 295
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Carol J. Ward

Mailing Address 1920 Chestnut Ave Apt 205

City State Zip Code
Glenview IL 60025

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

Name of Employer Occupation
CIGNA Corporation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2011

Transaction ID: 2928079

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Carol S. Kenyon

Mailing Address 197 Walter Hays Drive

City State Zip Code
Palo Alto CA 94303

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2011

Transaction ID: 2931784

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Carol J. Tveit

Mailing Address 99 Clarendon Avenue

City State Zip Code
Avondale Estates GA 30002

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

Name of Employer Occupation
Self actor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2011

Transaction ID: 2928804

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 295
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
EMILY's List

A.	Full Name (Last, First, Middle Initial) Ms. Carolyn Frances Corwin	Date of Receipt MM / DD / YYYY 01 / 19 / 2011
	Mailing Address 2555 Pennsylvania Ave., NW Apt. 606	Transaction ID: 2929933
	City Washington State DC Zip Code 20037	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Covington & Burling Occupation Lawyer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Mrs. Carolyn L Taylor	Date of Receipt MM / DD / YYYY 01 / 21 / 2011
	Mailing Address 737 West 10th Street	Transaction ID: 2930671
	City Loveland State CO Zip Code 80537	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	

C.	Full Name (Last, First, Middle Initial) Caryle Miller	Date of Receipt MM / DD / YYYY 01 / 28 / 2011
	Mailing Address 8132 Keeler Street	Transaction ID: 2932479
	City Alexandria State VA Zip Code 22309	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DOE Occupation Engineer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 295
(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. Cassandra Conrad

Mailing Address 1431 Cuesta Linda

City State Zip Code
Pacific Palisades CA 90272

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

Name of Employer Occupation
Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2011

Transaction ID: 2934198

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Catherine F. Coates

Mailing Address 4144 Webster St

City State Zip Code
Oakland CA 94609

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

Name of Employer Occupation
Self Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2011

Transaction ID: 2926366

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Celia A Felsher

Mailing Address 521 Eagle Knolls Road

City State Zip Code
Larchmont NY 10538

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

Name of Employer Occupation
Reservoir Operations lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2011

Transaction ID: 2926733

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 295
(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)
Chandra Jessee

Mailing Address 59 Mooreland Rd

City State Zip Code
Greenwich CT 06831

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

Name of Employer Occupation
none none

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2927519

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Cheryl Karstaedt

Mailing Address 1488 Wazee St. #2B

City State Zip Code
Denver CO 80202

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

Name of Employer Occupation
Denver Public Schools educator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 2931067

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Christa Burgoyne

Mailing Address 2828 Forest Ave

City State Zip Code
Berkeley CA 94705

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

Name of Employer Occupation
none Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2929733

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 295

(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. Christina F. Petra

Mailing Address 450 west 17th st. #1117
#1117

City State Zip Code
New York NY 10011

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

Name of Employer self Occupation
jewelry designer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 2931788

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Christine Huber

Mailing Address 1212 Hill St

City State Zip Code
Durham NC 27707

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2929141

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Ms. Claire Newton

Mailing Address 36 West Cedar Street
Apt 804

City State Zip Code
Boston MA 02108

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

Name of Employer Occupation
Shilepsky Hartley Robb LLC Attorney

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2930067

Amount of Each Receipt this Period

500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 295
(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. Clara Harari

Mailing Address 720 West End Avenue
605

City State Zip Code
New York NY 10025

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2011

Transaction ID: 2926651

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Clara L. Adams-Ender

Mailing Address 3088 Woods Cove Lane

City State Zip Code
Woodbridge VA 22192

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

Name of Employer Occupation
Self-Employed Management Consultan

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2011

Transaction ID: 2928234

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Clyde E. Shorey, Jr.

Mailing Address 3033 W Lane Keys NW

City State Zip Code
Washington DC 20007

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

Name of Employer Occupation
None Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2011

Transaction ID: 2929920

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► 3800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 295
(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. Cynthia Carr

Mailing Address 44 Brookwood Drive

City State Zip Code
Woodbridge CT 06525

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

Name of Employer Save the Children Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2011

Transaction ID: 2926995

Amount of Each Receipt this Period
1500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Cynthia A. Cartwright

Mailing Address 27 Chandler Brook

City State Zip Code
North Yarmouth ME 04097

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

Name of Employer MaineHealth Occupation Program Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2011

Transaction ID: 2928545

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Ms. Cynthia P. Hubiak

Mailing Address PO Box 5737

City State Zip Code
Scottsdale AZ 85261

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

Name of Employer Arizona Society of CPAs Occupation CPA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2011

Transaction ID: 2934119

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1875.00**

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

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

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

FOR LINE NUMBER: PAGE 30 / 295
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Cynthia A. Cartwright

Mailing Address 27 Chandler Brook

City North Yarmouth State ME Zip Code 04097

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

Name of Employer MaineHealth Occupation Program Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt MM / DD / YYYY
01 / 24 / 2011

Transaction ID: 2937147

Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Ms. D. Jean Veta

Mailing Address 5507 Spruce Tree Avenue

City Bethesda State MD Zip Code 20814

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

Name of Employer Covington & Burling Occupation Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
01 / 04 / 2011

Transaction ID: 2926114

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Daniel Aronson

Mailing Address 490 E. Prospect Avenue

City Mount Vernon State NY Zip Code 10553

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

Name of Employer CDC Management Occupation Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
01 / 27 / 2011

Transaction ID: 2932114

Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional) ► 3200.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 295
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Dr. David E. Grambort

Mailing Address 6 Edenborough Lane

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2011

Transaction ID: 2931893

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Deana E. Katz

Mailing Address 8325 E. Pepper Tree Lane

City State Zip Code
Scottsdale AZ 85250

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2011

Transaction ID: 2927500

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Debbie Robinson

Mailing Address 1333 Pennsylvania Ave.

City State Zip Code
Oakmont PA 15139

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

Name of Employer Occupation
Houston Harbaugh P C Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2011

Transaction ID: 2929068

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 295
(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. Deborah K. Pennington

Mailing Address 898 Richart Lane

City Greenwood State IN Zip Code 46142

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

Name of Employer Firdling, Garau, Germano & Penningt Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY 01 / 20 / 2011

Transaction ID: 2930349

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Debra S. Weinberg

Mailing Address 601 E. Pratt Street 6th Floor

City Baltimore State MD Zip Code 21202

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

Name of Employer The Associated Jwsh. Cmm. Fedrtn. Occupation Social Worker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 01 / 24 / 2011

Transaction ID: 2937067

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Delaine A Eastin

Mailing Address 4228 Dogwood Place

City Davis State CA Zip Code 95618

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

Name of Employer self Occupation speaker/consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY 01 / 13 / 2011

Transaction ID: 2928460

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 295
(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. Denise Henkind		Date of Receipt MM / DD / YYYY 01 / 20 / 2011
Mailing Address 75 Banksville Road		Transaction ID: 2930363
City Armonk	State NY	Zip Code 10504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Ms. Diana Simon		Date of Receipt MM / DD / YYYY 01 / 03 / 2011
Mailing Address 55 E. Erie #4505		Transaction ID: 2926024
City Chicago	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer retired	Occupation artist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Ms. Diane K. Karle		Date of Receipt MM / DD / YYYY 01 / 25 / 2011
Mailing Address 1919 Severn Road		Transaction ID: 2931051
City Grosse Pointe	State MI	Zip Code 48236
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Beaumont Hospitals	Occupation Psychologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 295
(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mrs. Dianne C Shumaker

Mailing Address 5725 Reinhardt Drive

City State Zip Code
Fairway KS 66205

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

Name of Employer None Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2011

Transaction ID: 2928835

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Ms. Dianthe W. Eisendrath

Mailing Address 85 Juniper Rd

City State Zip Code
Belmont MA 02478

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2011

Transaction ID: 2929345

Amount of Each Receipt this Period
212.00

C. Full Name (Last, First, Middle Initial)
Ms. Doris Campbell

Mailing Address 19005 Cone Road

City State Zip Code
Milan MI 48160

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2011

Transaction ID: 2926380

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 2512.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 295
(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. 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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2011

Transaction ID: 2927892

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Duane C. Spriestersbach

Mailing Address 2 Longview Knoll NE

City State Zip Code
Iowa City IA 52240

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2011

Transaction ID: 2926551

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
E. Young

Mailing Address P.O. Box 4624

City State Zip Code
Roanoke VA 24015

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2011

Transaction ID: 2930184

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 295
(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 W. Allen

Mailing Address 53 Richfield Road

City State Zip Code
Arlington MA 02474

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

Name of Employer Self Occupation Artist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2011

Transaction ID: 2926367

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Edith Schwede

Mailing Address 12520 Edgewater Drive, #907

City State Zip Code
Lakewood OH 44107

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2011

Transaction ID: 2929617

Amount of Each Receipt this Period
300.00

C. 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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2011

Transaction ID: 2930321

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 295
(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Mr. Edward W. Snowdon

Mailing Address 50 Riverside Drive

City State Zip Code
New York NY 10024

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

Name of Employer self Occupation
Theatrical Producer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2011

Transaction ID: 2928783

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Eleanor Coppola

Mailing Address P.O. Box 321

City State Zip Code
Rutherford CA 94573

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

Name of Employer Francis Coppola Presents Occupation
Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 04 / 2011

Transaction ID: 2926116

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Eleanor M. Kilgour

Mailing Address PO Box 4260

City State Zip Code
Chapel Hill NC 27515

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2011

Transaction ID: 2927498

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

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

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

FOR LINE NUMBER: PAGE 38 / 295

(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. Eleanor Weinstock

Mailing Address 525 South Flagler Drive

City State Zip Code
West Palm Beach FL 33401

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2928872

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Elinor Jarrell

Mailing Address 57 Broadlawn Park, Apt. 8

City State Zip Code
Chestnut Hill MA 02467

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

Name of Employer Occupation
Dover-Sherborn Regional School Teacher

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2927283

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Ms. Elinor S. Prockop

Mailing Address 291 Locust Street

City State Zip Code
Philadelphia PA 19106

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

Name of Employer Occupation
Self Freelance Copy Editor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2928869

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)

5550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 295
(check only one)

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

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

NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Ms. Elinor Green Hunter

Mailing Address 4205 Military Road NW

City Washington State DC Zip Code 20015

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

Name of Employer n/a Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 / 13 / 2011
Transaction ID: 2928316
 Amount of Each Receipt this Period: 300.00

B.

Full Name (Last, First, Middle Initial)
Ms. Elisabeth R Greco

Mailing Address 6417 Kenhowe Drive

City Bethesda State MD Zip Code 20817

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

Name of Employer IOMMP Occupation Editor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 18 / 2011
Transaction ID: 2928846
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Elisabeth T Peters

Mailing Address 425 Liberty Street

City San Francisco State CA Zip Code 94114

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

Name of Employer Montgomery Gallery Occupation Art Dealer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 01 / 21 / 2011
Transaction ID: 2930612
 Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ► 3050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 295

(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. Elise Wendel Murray

Mailing Address 75 Cherry Brook Drive

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2931005

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Elizabeth C Janeway

Mailing Address 225 Tyler Road

City State Zip Code
Webster NH 03303

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 ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2926023

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Elizabeth W. Browne

Mailing Address 2719 W. 29th Avenue

City State Zip Code
Eugene OR 97405

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 1

Transaction ID: 2928890

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 1550.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 295
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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. Elizabeth Gorman	Date of Receipt MM / DD / YYYY 01 / 27 / 2011
	Mailing Address 31 Everett Avenue	Transaction ID: 2932018
	City State Zip Code Winchester MA 01890	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation University of Virginia College Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Ms. Ellen Rosenbaum	Date of Receipt MM / DD / YYYY 01 / 05 / 2011
	Mailing Address 247 Calle La Mesa	Transaction ID: 2926552
	City State Zip Code Moraga CA 94556	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Ms. Ellen Werback	Date of Receipt MM / DD / YYYY 01 / 19 / 2011
	Mailing Address 529 Kevin Court	Transaction ID: 2929909
	City State Zip Code Ridgecrest CA 93555	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Piano Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 42 / 295
(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. Elliot Wax

Mailing Address 2378 Heatherbank Ct

City State Zip Code
Thousand Oaks CA 91361

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

Name of Employer Self Occupation Talent agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2011

Transaction ID: 2927233

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Emily V Wade

Mailing Address 251 Old Billerica Rd.

City State Zip Code
Bedford MA 01730

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
MM / DD / YYYY
01 / 28 / 2011

Transaction ID: 2934203

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Emmy Lu Hartley

Mailing Address 1400 Waverly Road, # B324

City State Zip Code
Gladwyne PA 19035

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2011

Transaction ID: 2930996

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 295
(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Mr. Eric M. Gibber

Mailing Address 12 Temi Road

City State Zip Code
Framingham MA 01701

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

Name of Employer Occupation
Pharmetrics Inc Programmer Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2011

Transaction ID: 2934159

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Ms. Evelyn Parisot

Mailing Address 3555 8th Street

City State Zip Code
Moline IL 61265

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2011

Transaction ID: 2928397

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Florence Beller

Mailing Address 5101 Sunrise Hills Dr

City State Zip Code
Fair Oaks CA 95628

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

Name of Employer Occupation
none Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 04 / 2011

Transaction ID: 2926145

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 295
(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. Frances M. Edwards

Mailing Address 50 Concord Park East

City Nashville State TN Zip Code 37205

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

Name of Employer none Occupation homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 19 / 2011

Transaction ID: 2929836

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Frances Donegan-Ryan

Mailing Address 1301 1st Ave apt 1795
1705

City Seattle State WA Zip Code 98101

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

Name of Employer Atlas Accelerator Occupation Marketing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2011

Transaction ID: 2935448

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ms. Frances C. Moore

Mailing Address 3500 Bradley St.

City Bloomington State IN Zip Code 47401

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

Name of Employer Occupation Housewife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 13 / 2011

Transaction ID: 2928459

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 295
(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. Fred Bering

Mailing Address 3366 Meadow Ridge
100 Redding Road

City Redding State CT Zip Code 06896

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 01 / 26 / 2011
Transaction ID: 2931937
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Fredie Kay

Mailing Address 96 Fair Oaks Park

City Needham State MA Zip Code 02492

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

Name of Employer N/A Occupation attorney - retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 19 / 2011
Transaction ID: 2929444
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Mr. G. Ralph Strohl

Mailing Address 839 N Ridgeland Ave

City Oak Park State IL Zip Code 60302

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 24 / 2011
Transaction ID: 2937341
Amount of Each Receipt this Period 500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 295
(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Dr. Gail Silverman

Mailing Address 9 Island Avenue
Apt 1814

City Miami Beach State FL Zip Code 33139

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 19 / 2011

Transaction ID: 2929929

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Gail Murray

Mailing Address 3535 Cassena Drive

City Walnut Creek State CA Zip Code 94598

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 01 / 28 / 2011

Transaction ID: 2932478

Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
Ms. Gaile Sarma

Mailing Address 140 Autumn Hill Road

City Princenton State NJ Zip Code 08540

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 11 / 2011

Transaction ID: 2927940

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 295
(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. Gary Strichartz

Mailing Address 2 Carlisle Terrace

City State Zip Code
Natick MA 01760

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

Name of Employer Partners' Healthcare Occupation scientist/teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2928535

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Geneva Belford

Mailing Address 1208 Lakeside Lane

City State Zip Code
Mahomet IL 61853

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2930362

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. George A. Taler

Mailing Address 3909 Juniper Road

City State Zip Code
Baltimore MD 21218

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

Name of Employer Washington Hospital Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2930990

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 295
(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. Georgia Murray

Mailing Address 433 Shawmut Avenue

City Boston State MA Zip Code 02118

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

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 21 / 2011

Transaction ID: 2930482

Amount of Each Receipt this Period 2500.00

B.

Full Name (Last, First, Middle Initial)
Gerald Gordon

Mailing Address Po Box 800

City New Brunswick State NJ Zip Code 08903

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 26 / 2011

Transaction ID: 2931686

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Gilbert S. Omenn

Mailing Address 3340 E. Dobson Place

City Ann Arbor State MI Zip Code 48105

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

Name of Employer University of Michigan Occupation Scientist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 26 / 2011

Transaction ID: 2931872

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 295
(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Mrs. Grace E Messner

Mailing Address 14 Council Trail

City State Zip Code
Wilmington DE 19810

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
01 / 12 / 2011

Transaction ID: 2928178

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Grace Ryu

Mailing Address 4372 Dublin Rd

City State Zip Code
Columbus OH 43221

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

Name of Employer Occupation
Midwest Allergy Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2011

Transaction ID: 2931379

Amount of Each Receipt this Period
212.00

C.

Full Name (Last, First, Middle Initial)
Dr. Halene L. Graves

Mailing Address 10 West Ridge Lane

City State Zip Code
Sheridan WY 82801

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2011

Transaction ID: 2930717

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **962.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 295
(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Mr. Harlan Smith

Mailing Address 1706 Ryan Avenue W.

City State Zip Code
Roseville MN 55113

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
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2927939

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Helen Stratton

Mailing Address 647 Stonehouse Drive

City State Zip Code
Napa CA 94558

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

Name of Employer Occupation
S.E Tax Preparer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 3 / 2 0 1 1

Transaction ID: 2925967

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Herbert R Brinberg

Mailing Address 115 East 87th Street

City State Zip Code
New York NY 10128

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

Name of Employer Occupation
Baruch College Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2927772

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional) ► **4250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 295
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
EMILY's List

A.	Full Name (Last, First, Middle Initial) Mr. Howard W. Lewis	Date of Receipt MM / DD / YYYY 01 / 04 / 2011
	Mailing Address 121 Grove Drive	Transaction ID: 2926268
	City State Zip Code Portola Valley CA 94028	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer none Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Mr. Howard L. Gottlieb	Date of Receipt MM / DD / YYYY 01 / 20 / 2011
	Mailing Address 1007 Church St Ste 408	Transaction ID: 2930350
	City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation REQUESTED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Ian E. Stockdale	Date of Receipt MM / DD / YYYY 01 / 20 / 2011
	Mailing Address 601 Forest Avenue	Transaction ID: 2930224
	City State Zip Code Palo Alto CA 94301	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Inktomi Corporation Occupation Software Engineer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 295
(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. Irene C. Davis

Mailing Address 35 Pine Manor Drive

City State Zip Code
Little Rock AR 72207

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
MM / DD / YYYY
01 / 10 / 2011

Transaction ID: 2927450

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Irma Goldknopf

Mailing Address 147 Forest Glen Rd

City State Zip Code
New Paltz NY 12561

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2011

Transaction ID: 2927996

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mrs. Isabelle Rapin Oaklander

Mailing Address 4905 Rte. 9G

City State Zip Code
Tivoli NY 12583

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2011

Transaction ID: 2927570

Amount of Each Receipt this Period
500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 295
(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Mrs. Jacqueline Tays

Mailing Address P.O. Box 816

City Cambria State CA Zip Code 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 ▼ 250.00

Date of Receipt 01 / 12 / 2011

Transaction ID: 2928092

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Jacqueline H. Plumez

Mailing Address 90 Beechtree Drive

City Larchmont State NY Zip Code 10538

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 ▼ 500.00

Date of Receipt 01 / 12 / 2011

Transaction ID: 2928193

Amount of Each Receipt this Period 500.00

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

Mailing Address 14 Linda Lane

City Newton Highlands State MA Zip Code 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 ▼ 300.00

Date of Receipt 01 / 11 / 2011

Transaction ID: 2927706

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 295

(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.

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

Mailing Address 138 West Hill Terrace

City State Zip Code
Painted Post NY 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 ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2930613

Amount of Each Receipt this Period
2500.00

B.

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

Mailing Address 94 Juniper Road

City State Zip Code
Belmont MA 02478

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

Name of Employer Occupation
Skanska USA Building, Inc. Contractor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: 2931122

Amount of Each Receipt this Period
750.00

C.

Full Name (Last, First, Middle Initial)
Ms. Jan E. Gardner

Mailing Address 3 Ponderosa Lane

City State Zip Code
Rolling Hills Est. CA 90274

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2930757

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 295
(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. Jane W. Ellis
 Mailing Address 2291 Walhaven Court
 City State Zip Code
 Upper Arlington OH 43220
 Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 0 3 / 2 0 1 1
Transaction ID: 2925970
 Amount of Each Receipt this Period
 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Occupation REQUESTED
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

B. Full Name (Last, First, Middle Initial)
Ms. Jane Vandeventer
 Mailing Address 101 Fox Hunt Pt.
 City State Zip Code
 Nashville TN 37221
 Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 1 1 / 2 0 1 1
Transaction ID: 2927692
 Amount of Each Receipt this Period
 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 U.S. Govt. Retired
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

C. Full Name (Last, First, Middle Initial)
Ms. Janet Jones
 Mailing Address 5 W Buckingham Dr
 City State Zip Code
 Rehoboth Beach DE 19971
 Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 0 3 / 2 0 1 1
Transaction ID: 2925467
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rtd rtd
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► 850.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 56 / 295
(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. Janet U. Murphy

Mailing Address 47 Hudson Lane

City Windsor State CT Zip Code 06095

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 03 / 2011
Transaction ID: 2925968
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Ms. Janet E. Robertson

Mailing Address 1001 Pine Street

City Boulder State CO Zip Code 80302

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

Name of Employer Self Occupation Writer/Photographer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 04 / 2011
Transaction ID: 2926267
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Janet Wells

Mailing Address 4149 Diplomacy Circle
Westminster Oaks

City Tallahassee State FL Zip Code 32308

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2011
Transaction ID: 2928582
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 295
(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. Janet W. Helman

Mailing Address 4950 S Chicago Beach Dr

City Chicago State IL Zip Code 60615

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 01 / 26 / 2011

Transaction ID: 2932013

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Janice Levine Aron

Mailing Address 4920 Loring Dr Apt 1417

City West Palm Beach State FL Zip Code 33417

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 20 / 2011

Transaction ID: 2930238

Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Ms. Janis L. Lysen

Mailing Address 2849 42nd Ave S

City Minneapolis State MN Zip Code 55406

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 12 / 2011

Transaction ID: 2929093

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 295
(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. 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 ▼ 2000.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2011

Transaction ID: 2928270

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Jean Schwarzbauer

Mailing Address 193 Moore St.

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Princeton University Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: 2932119

Amount of Each Receipt this Period
250.00

C. 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 ▼ 2000.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2011

Transaction ID: 2934201

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 295

(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. Jeanne Snodgrass

Mailing Address 10501 Lagrima De Oro NE

City State Zip Code
Albuquerque NM 87111

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	1

Transaction ID: 2926242

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Jeanne Huber

Mailing Address 5341 Cove-Garden Road

City State Zip Code
Coveseville VA 22931

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

Name of Employer Occupation
The Allergist Accounting

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	1

Transaction ID: 2926304

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Jerrilyn Thompson

Mailing Address 6375 Maple Ridge Road

City State Zip Code
Excelsior MN 55331

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	1

Transaction ID: 2929886

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 295

(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. Jill E. Braufman

Mailing Address PO Box 810

City State Zip Code
Katonah NY 10536

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

Name of Employer Occupation
n/a n/a

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 2932438

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Jo Anne J. Trow

Mailing Address 1835 N.W. Juniper Place

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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2929868

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Joan Webb

Mailing Address P.O. Box 4213

City State Zip Code
Carmel CA 93921

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 2926997

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 295

(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Ms. Joan Costello

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
None None

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2927164

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Joan D. Glatthorn, Esq.

Mailing Address 6331 Camino de la Costa

City State Zip Code
La Jolla CA 92037

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

Name of Employer Occupation
self-employed Attorney Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2927446

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Joan Monroe

Mailing Address 2731 Dunbar Ave

City State Zip Code
Fort Collins CO 80526

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

Name of Employer Occupation
none non-practicing RN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2930060

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 295
(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Ms. Joan Monroe

Mailing Address 2731 Dunbar Ave

City State Zip Code
Fort Collins CO 80526

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

Name of Employer none Occupation non-practicing RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2011

Transaction ID: 2930061

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Ms. Joan Monroe

Mailing Address 2731 Dunbar Ave

City State Zip Code
Fort Collins CO 80526

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

Name of Employer none Occupation non-practicing RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2011

Transaction ID: 2930476

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Ms. Joan Monroe

Mailing Address 2731 Dunbar Ave

City State Zip Code
Fort Collins CO 80526

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

Name of Employer none Occupation non-practicing RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2011

Transaction ID: 2930796

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **375.00**

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

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

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

FOR LINE NUMBER: PAGE 63 / 295
(check only one)

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

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

NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Ms. Joan E Spero

Mailing Address 1165 Park Avenue
Apartment 12C

City State Zip Code
New York NY 10128

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

Name of Employer Occupation
none self employed

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

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

Transaction ID: 2932434

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Joanne E Bruggemann

Mailing Address 3 Lido Circle

City State Zip Code
Redwood City CA 94065

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

Name of Employer Occupation
None None

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	1

Transaction ID: 2926247

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Joanne B. Marke

Mailing Address 1355 Palisade Drive

City State Zip Code
Reno NV 89509

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

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 2926735

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 295
(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Mr. John Currie

Mailing Address PO Box 11390

City Columbia State SC Zip Code 29211

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 / 06 / 2011

Transaction ID: 2926676

Amount of Each Receipt this Period: 300.00

B.

Full Name (Last, First, Middle Initial)
Mr. John Roberts

Mailing Address 430 S. Hill Avenue

City Pasadena State CA Zip Code 91106

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: 01 / 20 / 2011

Transaction ID: 2930158

Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. John D. Wynn

Mailing Address 7951 Island Crest Way

City Mercer Island State WA Zip Code 98040

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 20 / 2011

Transaction ID: 2930256

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 295

(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Dr. John D. Barnes

Mailing Address 7710 Chatham Rd

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Occupation
N/A Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	1

Transaction ID: 2926870

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jonathan Allen Cohn

Mailing Address 1025 Spring Street

City State Zip Code
Ann Arbor MI 48103

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

Name of Employer Occupation
Wayne State University Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	1

Transaction ID: 2927136

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Joyce H. Lewis

Mailing Address 227-57 112th Road

City State Zip Code
Queens Village NY 11429

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

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	1

Transaction ID: 2930614

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 295

(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. Joyce S. Cross

Mailing Address 716 Lexington Ave

City State Zip Code
El Cerrito CA 94530

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2937055

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Judith Hoffman

Mailing Address 2223 Viking Drive NW

City State Zip Code
Rochester MN 55901

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 ▼ 250.00

Date of Receipt

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

Transaction ID: 2926725

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Judith H Kramer

Mailing Address 372 Ferne Ave

City State Zip Code
Palo Alto CA 94306

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

Name of Employer Occupation
None Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2929837

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ▶

1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 295
(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Ms. Judith Resnik

Mailing Address 403 Saint Ronan Street

City State Zip Code
New Haven CT 06511

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

Name of Employer Occupation
Yale Law School Law Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2011

Transaction ID: 2930241

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Judith Smart

Mailing Address 6045 Glenaire Drive

City State Zip Code
Saint Louis MO 63129

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: 2932066

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Judith M Barnet

Mailing Address One Lyman /street Apt 145
Apt 145

City State Zip Code
Westborough MA 01581

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

Name of Employer Occupation
retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2011

Transaction ID: 2928925

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional) ► 775.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 295

(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. Judy Bailey

Mailing Address 3644 Bagley Ave N

City State Zip Code
Seattle WA 98103

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 2931837

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Judy Haselton

Mailing Address 60 East 8th St.
Apt. 26E

City State Zip Code
New York NY 10003

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

Name of Employer Occupation
Harmony Financial Advisors Financial Life Plann

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 2932458

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Julia E. Fishelson

Mailing Address 1630 Burbank Rd.

City State Zip Code
Wooster OH 44691

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

Name of Employer Occupation
Activist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2927448

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 295

(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. Julie Rose

Mailing Address 6413 E Stanford Avenue

City State Zip Code
Englewood CO 80111

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

Name of Employer Occupation
Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2929092

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr. June R. McKay

Mailing Address 227 Lawton Street

City State Zip Code
San Francisco CA 94122

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

Name of Employer Occupation
City College of San Francisco Teacher

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 2927101

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Ms. Kae Hopkins

Mailing Address 4208 Wernett Rd

City State Zip Code
Pasco WA 99301

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

Name of Employer Occupation
retired retired teacher

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 2928949

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 295
(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial) Mrs. Karen S Jakes		Date of Receipt MM / DD / YYYY 01 / 03 / 2011
Mailing Address 520 East 86th Street Apt. 13-C		Transaction ID: 2925964
City New York	State Zip Code NY 10028	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Albert Einstein College of Medicine	Occupation Molecular biologist	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. Karen Kleiler		Date of Receipt MM / DD / YYYY 01 / 04 / 2011
Mailing Address 2394 SW 13th Terrace		Transaction ID: 2926257
City Boynton Beach	State Zip Code FL 33426	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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) ▼		

C.

Full Name (Last, First, Middle Initial) Ms. Karen R. Sollins		Date of Receipt MM / DD / YYYY 01 / 10 / 2011
Mailing Address 29 Fayette Street		Transaction ID: 2927201
City Cambridge	State Zip Code MA 02139	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MIT	Occupation Research Scientist	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 295
(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. Karen R. Adler

Mailing Address 115 Central Park West

City State Zip Code
New York NY 10023

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

Name of Employer Occupation
Adler Group Management Consultan

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2011

Transaction ID: 2928214

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Karen Greaves

Mailing Address 320 Taylor Avenue

City State Zip Code
Alameda CA 94501

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

Name of Employer Occupation
IGP Industries, LLC Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2011

Transaction ID: 2930157

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Karen Hafstrom

Mailing Address 555 W Cornelia Ave Apt 910

City State Zip Code
Chicago IL 60657

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2011

Transaction ID: 2930198

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **2300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 295

(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. Karline K Tierney

Mailing Address 717 Maiden Choice Ln
Apt. T03

City State Zip Code
Catonsville MD 21228

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

Name of Employer Occupation
Novartis Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2928198

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Kate M Johnson

Mailing Address 2225 Cedar Cove Ct

City State Zip Code
Reston VA 20191

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

Name of Employer Occupation
U.S. Geological Survey Geologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 2928410

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Kathleen A. Ream

Mailing Address 6534 Marlo Drive

City State Zip Code
Falls Church VA 22042

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

Name of Employer Occupation
KAR Associates, Inc Consultant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 2925472

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 295
(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. Kathleen D Hendrix

Mailing Address 324 Gibson St.

City State Zip Code
Canandaigua NY 14424

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

Name of Employer self Occupation consultant (int'l hu)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2011

Transaction ID: 2927527

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address 320 Blackfield Drive

City State Zip Code
Tiburon CA 94920

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

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2011

Transaction ID: 2928401

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Kathryn Smith

Mailing Address PO Box 7358

City State Zip Code
Little Rock AR 72217

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

Name of Employer AR State Library Occupation Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 04 / 2011

Transaction ID: 2926222

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 295
(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. Kathy T. Rose

Mailing Address 130 8th Avenue, # 5G

City State Zip Code
Brooklyn NY 11215

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

Name of Employer Occupation
Merrill Lynch Insurance Risk Manag

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2011

Transaction ID: 2928217

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Kay Nosler

Mailing Address 625 Hobart St

City State Zip Code
Menlo Park CA 94025

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

Name of Employer Occupation
N/A Housewife

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2011

Transaction ID: 2927092

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth Malcolm Jones

Mailing Address PO Box 45

City State Zip Code
West Tisbury MA 02575

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2011

Transaction ID: 2927447

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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

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

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

FOR LINE NUMBER: PAGE 75 / 295
(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. Kenneth D Kopple
Mailing Address 720 Glengarry Road
City Philadelphia State PA Zip Code 19118
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 01 / 25 / 2011
Transaction ID: 2930997
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Ms. Kevin A Cartwright
Mailing Address 3511 Greenfield Place
City Carmel State CA Zip Code 93923
FEC ID number of contributing federal political committee. **C**
Name of Employer none Occupation volunteer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 01 / 19 / 2011
Transaction ID: 2938087
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Kimberly Hartley
Mailing Address 3627 41st Ave W.
City Seattle State WA Zip Code 98199
FEC ID number of contributing federal political committee. **C**
Name of Employer The Regence Group Occupation Data Modeler
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 01 / 08 / 2011
Transaction ID: 2926814
Amount of Each Receipt this Period 500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 295
(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. Krista Brewer

Mailing Address 812 Springdale Rd.

City Atlanta State GA Zip Code 30306

FEC ID number of contributing federal political committee. C

Name of Employer none Occupation homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
01 / 12 / 2011

Transaction ID: 2928195

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Kristen Schreder

Mailing Address 905 Sierra Vista Dr.

City Redding State CA Zip Code 96001

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
01 / 19 / 2011

Transaction ID: 2929808

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Kristi U. Haigh

Mailing Address 4 Oak Flat Road

City Orinda State CA Zip Code 94563

FEC ID number of contributing federal political committee. C

Name of Employer none Occupation retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
01 / 23 / 2011

Transaction ID: 2930439

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 295
(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. Kristin A. Davidson

Mailing Address 2525 Pine Street

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. C

Name of Employer Retired from Univ. of Pennsylvania Occupation reitred

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 13 / 2011

Transaction ID: 2928213

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Kyra L. Montagu

Mailing Address 104 Lakeview Avenue

City Cambridge State MA Zip Code 02138

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation Psychotherapy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 27 / 2011

Transaction ID: 2932069

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Larry Layne

Mailing Address 14800 Rinaldi Street

City Mission Hills State CA Zip Code 91345

FEC ID number of contributing federal political committee. C

Name of Employer Self Employeed Occupation Self Employeed

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 26 / 2011

Transaction ID: 2932001

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 295
(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. Laura Kofoid

Mailing Address 3920 North Lake Shore Drive
Apartment 7

City Chicago State IL Zip Code 60613

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

Name of Employer self Occupation business

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 09 / 2011

Transaction ID: 2926860

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Laura Foster

Mailing Address 14 Suzanne Road

City Lexington State MA Zip Code 02420

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 12 / 2011

Transaction ID: 2928180

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Lawrence Erlbaum

Mailing Address 22 Forest Ridge Road

City U Saddle Riv State NJ Zip Code 07458

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 01 / 10 / 2011

Transaction ID: 2927169

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 295
(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. Leif Fredin

Mailing Address 7551 Fireoak Drive

City State Zip Code
Austin TX 78759

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

Name of Employer Occupation
TLMI Corporation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2011

Transaction ID: 2930008

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Linda McGill

Mailing Address 34 Wolfe Neck Road

City State Zip Code
Freeport ME 04032

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

Name of Employer Occupation
Bernstein Shur lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2011

Transaction ID: 2926830

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Linda McGill

Mailing Address 34 Wolfe Neck Road

City State Zip Code
Freeport ME 04032

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

Name of Employer Occupation
Bernstein Shur lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2011

Transaction ID: 2926831

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 295

(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. Linda H. Matthews

Mailing Address 1420 Davis Street

City State Zip Code
Evanston IL 60201

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

Name of Employer Occupation
Chicago Review Press Inc Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: 2927371

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Linda L. Clark

Mailing Address 551 Milton Court, Unit 101

City State Zip Code
Long Beach CA 90803

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

Name of Employer Occupation
Millersville University College Professor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2930916

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Linda L. Noland

Mailing Address 9497 Central Avenue

City State Zip Code
Orangevale CA 95662

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

Name of Employer Occupation
Hospital Social Worker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 2932024

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 295
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
EMILY's List

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

Mailing Address 132 Mt. Vernon Street

City State Zip Code
Arlington MA 02476

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

Name of Employer Occupation
Lucent Software Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2011

Transaction ID: 2926555

Amount of Each Receipt this Period
250.00

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

Mailing Address 1028 Old Cullowhee Rd

City State Zip Code
Sylva NC 28779

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2011

Transaction ID: 2929080

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Ms. Lisa D. Nash

Mailing Address 25 Seki Court

City State Zip Code
Emerald Hills CA 94062

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

Name of Employer Occupation
Blue Planet Network CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 02 / 2011

Transaction ID: 2925051

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 295
(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. Liz Mamorsky
Mailing Address 2525 McAllister Street
City San Francisco State CA Zip Code 94111
FEC ID number of contributing federal political committee. **C**
Name of Employer Liz Mamorsky Inc Occupation Actor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 01 / 04 / 2011
Transaction ID: 2926202
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Lloyd N. Morrisett
Mailing Address 12 Castle Road
City Irvington State NY Zip Code 10533
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 01 / 08 / 2011
Transaction ID: 2926833
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ms. Lorraine LeBlanc
Mailing Address 7717 Hampson Street
City New Orleans State LA Zip Code 70118
FEC ID number of contributing federal political committee. **C**
Name of Employer Free-lance Occupation Actor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 01 / 19 / 2011
Transaction ID: 2929777
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 295

(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. Louanne Baily

Mailing Address 201 Mayfair Dr

City State Zip Code
Pittsburgh PA 15228

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

Name of Employer Occupation
n/a Community Volunteer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2929946

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Louise C Jaffe

Mailing Address 1121 Grant Street

City State Zip Code
Santa Monica CA 90405

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

Name of Employer Occupation
Fox/SMC script sup/trustee

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 2 / 2 0 1 1

Transaction ID: 2925045

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Louise H. Renne

Mailing Address 350 Sansome Street
Suite 300

City State Zip Code
San Francisco CA 94104

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

Name of Employer Occupation
Renne Sloani Holtzman Sakai LLP Partner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2928196

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 295
(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. Lucille Rosenberg

Mailing Address 3431 North Lake Drive

City State Zip Code
Milwaukee WI 53211

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2011

Transaction ID: 2926734

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Lucinda B Emmet

Mailing Address 20 Cornwall St Ne

City State Zip Code
Leesburg VA 20176

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 04 / 2011

Transaction ID: 2926067

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Lucy B Stroock

Mailing Address 55 Frost St.

City State Zip Code
Cambridge MA 02140

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

Name of Employer Occupation
n/a retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2011

Transaction ID: 2926849

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 85 / 295
(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. Lucy Wilson Benson

Mailing Address 46 Sunset Ave

City Amherst State MA Zip Code 01002

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

Name of Employer self employed Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 13 / 2011
Transaction ID: 2928215
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Luene H. Corwin

Mailing Address 1119 Loma Vista Way

City Vista State CA Zip Code 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 ▼ 250.00

Date of Receipt 01 / 20 / 2011
Transaction ID: 2930322
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ms. Lynda Goldberg

Mailing Address 111 Burnwood Court

City Chapel Hill State NC Zip Code 27514

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

Name of Employer UNC Chapel Hill Occupation PhD Candidate - Publ

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 01 / 25 / 2011
Transaction ID: 2931065
Amount of Each Receipt this Period 360.00

SUBTOTAL of Receipts This Page (optional) ► 1610.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 295
(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. Lynn Gibbons

Mailing Address 15 Redberry Rdg

City State Zip Code
Portola Valley CA 94028

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

Name of Employer Self-Employed Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 04 / 2011

Transaction ID: 2926311

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Madeline V Caviness

Mailing Address 8 Whittier Place
Apt 24H

City State Zip Code
Boston MA 02114

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

Name of Employer none Occupation retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: 2932122

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Mae Pape

Mailing Address 2375 Range Avenue Apt. 231

City State Zip Code
Santa Rosa CA 95403

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2011

Transaction ID: 2928917

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 295
(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Dr. Marcelle Cedars

Mailing Address 96 Reed Ranch Rd

City State Zip Code
Bel Tiburon CA 94920

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

Name of Employer Occupation
U. Cincinnati Med Ctr Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2011

Transaction ID: 2931968

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Marcia K. Johnson

Mailing Address 66 Seaview Ave.

City State Zip Code
Branford CT 06405

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

Name of Employer Occupation
Yale University Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2011

Transaction ID: 2926998

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Marg Helgenberger

Mailing Address 212 26th St

City State Zip Code
Santa Monica CA 90402

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2011

Transaction ID: 2926708

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 88 / 295
(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. Margaret B. Bunce
Mailing Address 7258 Evans Mill Road

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2011
Transaction ID: 2926785
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Margaret T. Gelin
Mailing Address 105 Trowbridge Street, #4

City State Zip Code
Cambridge MA 02138

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

Name of Employer Occupation
Framingham, MA Teacher

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2011
Transaction ID: 2927286
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Ms. Margaret E. Martin
Mailing Address 10450 Lottsford Road #4009

City State Zip Code
Mitchellville MD 20721

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2011
Transaction ID: 2927775
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2300.00

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

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

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

FOR LINE NUMBER: PAGE 89 / 295

(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. Margaret L. Brennan

Mailing Address 135 Grace Trl

City State Zip Code
Ash Flat AR 72513

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	1

Transaction ID: 2928136

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Marge McClurg

Mailing Address 2607 Stratford Drive

City State Zip Code
Austin TX 78746

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

Name of Employer Occupation
Homemaker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 2927050

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Ms. Margie Steiner

Mailing Address 60 South Battery Place

City State Zip Code
Atlanta GA 30342

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

Name of Employer Occupation
n/a Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 2926696

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

850.00

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

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

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

FOR LINE NUMBER: PAGE 90 / 295

(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. Maria Jobin-Leeds

Mailing Address P.O. Box 391170

City State Zip Code
Cambridge MA 02139

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

Name of Employer Partnership for Democracy & Education. Occupation Political Strategist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 1 1

Transaction ID: 2928466

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Maria E Roberts

Mailing Address 27700 SW 164 Ave

City State Zip Code
Homestead FL 33031

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

Name of Employer self Occupation retired

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 1

Transaction ID: 2930712

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Maria R. Tindall

Mailing Address 627 Catalina Drive

City State Zip Code
Livermore CA 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 ▼ 1000.00

Date of Receipt

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

Transaction ID: 2931793

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 295
(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)
Maria Moesch

Mailing Address 934 Hickory Way

City State Zip Code
Fremont CA 94536

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

Name of Employer none Occupation homeschooling mom

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2011

Transaction ID: 2937164

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Marian Wolgin

Mailing Address 875 E Camino Real, Apt. 12A

City State Zip Code
Boca Raton FL 33432

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2011

Transaction ID: 2926700

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Ms. Marilyn Bergman

Mailing Address 714 N Maple Drive

City State Zip Code
Beverly Hills CA 90210

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2011

Transaction ID: 2928611

Amount of Each Receipt this Period
500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 295
(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. Marion A Jirsa
Mailing Address 8800 Point West Drive
City Austin State TX Zip Code 78759
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Real estate broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 01 / 24 / 2011
Transaction ID: 2930911
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Ms. Marjory M. Musgrave
Mailing Address 629 W. North St.
City Aspen State CO Zip Code 81611
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Management Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 01 / 11 / 2011
Transaction ID: 2927923
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Mark Liebow
Mailing Address 1018 Hickory Lane SW
City Rochester State MN Zip Code 55902
FEC ID number of contributing federal political committee. **C**
Name of Employer Mayo Foundation Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt 01 / 10 / 2011
Transaction ID: 2927171
Amount of Each Receipt this Period 225.00

SUBTOTAL of Receipts This Page (optional) ▶ 775.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 93 / 295

(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. Marla D Jensen

Mailing Address 1615 Bittern Ct

City State Zip Code
Carlsbad CA 92011

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 2928221

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Marsha Vannicelli

Mailing Address 11 Huron Avenue

City State Zip Code
Cambridge MA 02138

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 ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2926310

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Marshall Whiting, Ph.D.

Mailing Address P.O. Box 2468

City State Zip Code
Telluride CO 81435

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

Name of Employer Occupation
Self Psychologist/Investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2930929

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 94 / 295
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Mary H. DuPree

Mailing Address 320 N. Adams

City State Zip Code
Moscow ID 83843

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

Name of Employer University of Idaho Occupation Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2011

Transaction ID: 2927454

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Mary Legler Wilson

Mailing Address 1230 Sierra St

City State Zip Code
Redwood City CA 94061

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

Name of Employer Self Occupation Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2011

Transaction ID: 2927841

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Mary L. Good

Mailing Address 14300 Chenal Pkwy.
7258

City State Zip Code
Little Rock AR 72211

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

Name of Employer Un of Arkansas at Little Rock Occupation Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2011

Transaction ID: 2927942

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 295

(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. Mary Hurtig

Mailing Address 2353 Bryn Mawr Ave

City State Zip Code
Philadelphia PA 19131

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

Name of Employer Occupation
Mental Health Assoc. Dir. of Policy

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2928194

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Mary H Dodge

Mailing Address 65 Linaria Way

City State Zip Code
Portola Valley CA 94028

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

Name of Employer Occupation
N/A Community Volunteer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 2928435

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mary Koprowski

Mailing Address 115 Wynleigh Drive East

City State Zip Code
Greenville DE 19807

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

Name of Employer Occupation
United Anesthesia Services REQUESTED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2929460

Amount of Each Receipt this Period

300.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 295
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Mary Fran Derby

Mailing Address 751 West Ferry Street
Apt 1AB

City State Zip Code
Buffalo NY 14222

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

Name of Employer Occupation
Williamsville Central Sch- Teacher
Is

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2930214

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Ms. Mary 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 Epidemiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 1 1

Transaction ID: 2931060

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Ms. Mary P. Tay Thomas

Mailing Address 10800 Hideaway Lake Dr.

City State Zip Code
Anchorage AK 99507

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2931792

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 295
(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. Mary W. Carpenter

Mailing Address 12245 N. Antelope Run Road

City State Zip Code
Prescott AZ 86305

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: 2932123

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Mary E. Plauson

Mailing Address 4643 W Rio Bravo Dr

City State Zip Code
Fresno CA 93722

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
01 / 28 / 2011

Transaction ID: 2934122

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Mary Ann Dobras

Mailing Address 725 N. Norris Av

City State Zip Code
Tucson AZ 85719

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

Name of Employer Occupation
retired RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2011

Transaction ID: 2929741

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 98 / 295
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Mary Anne Flournoy
Mailing Address 6675 Baker Rd.
City Athens State OH Zip Code 45701
FEC ID number of contributing federal political committee. **C**
Name of Employer n/a Occupation retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 01 / 26 / 2011
Transaction ID: 2931785
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Mary Beth Norton
Mailing Address 159 Remington Rd
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 ▼ 1000.00
Date of Receipt 01 / 03 / 2011
Transaction ID: 2925963
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Maureen Dobiesz
Mailing Address 739 Galeon Drive
City Tierra Verde State FL Zip Code 33715
FEC ID number of contributing federal political committee. **C**
Name of Employer Deman Data Systems Occupation VP Marketing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 01 / 18 / 2011
Transaction ID: 2928656
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 295
(check only one)

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

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

NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Ms. Maxine Savitz

Mailing Address 10350 Wilshire Boulevard

City State Zip Code
Los Angeles CA 90024

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

Name of Employer Moneywell Occupation Chemist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2011

Transaction ID: 2931813

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
McCawley Suits

Mailing Address 710 Brooks St

City State Zip Code
Ann Arbor MI 48103

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2011

Transaction ID: 2929026

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Melanie Levitan

Mailing Address 25 Boxwood Drive

City State Zip Code
Morristown NJ 07960

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

Name of Employer Self Occupation Food Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2011

Transaction ID: 2929927

Amount of Each Receipt this Period
220.00

SUBTOTAL of Receipts This Page (optional) ► **720.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 295
(check only one)

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

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

NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Mrs. Meta B Neilson

Mailing Address 917 Sorrel Lane

City State Zip Code
Bryn Mawr PA 19010

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 1 1

Transaction ID: 2930314

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
s Michael A Simpson

Mailing Address 10 Somerset Place

City State Zip Code
Wilmington MA 01887

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

Name of Employer Occupation
The Bank of New York Mellon Accounting Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 1 1

Transaction ID: 2926115

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Michael Putman

Mailing Address 310 S St Mary's St Suite 2800

City State Zip Code
San Antonio TX 78205

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

Name of Employer Occupation
Putman & Putman, Inc. Lawyer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 2926441

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 / 295
(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Mr. Michael Burkhart

Mailing Address 2249 W Irving Park Rd Apt 3

City State Zip Code
Chicago IL 60618

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

Name of Employer Occupation
Nationwide Insurance Retirement Plan Admi

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2928056

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Mr. Michael Connolly

Mailing Address 27 N Moore Street, 7F

City State Zip Code
New York NY 10013

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

Name of Employer Occupation
Morrison Cohen LLP Lawyer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2928642

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Michael F. Barth

Mailing Address 619 Josephine Street

City State Zip Code
Denver CO 80206

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 2931101

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 295
(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. Mildred Weissman

Mailing Address 81 Manursing Way

City State Zip Code
Rye NY 10580

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

Name of Employer N/A Occupation Housewife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2011

Transaction ID: 2931963

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Muriel T. Asbornsen

Mailing Address 6 Saratoga Ct

City State Zip Code
Rexford NY 12148

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

Name of Employer Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2011

Transaction ID: 2926701

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Ms. Myrna R. Frankel

Mailing Address 214 Spruce Street

City State Zip Code
San Francisco CA 94118

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
MM / DD / YYYY
01 / 04 / 2011

Transaction ID: 2926221

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **6300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 295
(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. 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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2011

Transaction ID: 2927078

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Nancy Fuller

Mailing Address 6560 Itchy Acres Road

City State Zip Code
Granite Bay CA 95746

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

Name of Employer Occupation
State of California State Park Ranger

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2011

Transaction ID: 2927445

Amount of Each Receipt this Period
1000.00

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2011

Transaction ID: 2927659

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 295
(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. Nancy Hall

Mailing Address 651 Medford Leas

City Medford State NJ Zip Code 08055

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 12 / 2011

Transaction ID: 2928187

Amount of Each Receipt this Period 300.00

B.

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

Mailing Address 32160 SW Cypress Pt

City Wilsonville State OR Zip Code 97070

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 13 / 2011

Transaction ID: 2928330

Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
Mr. Nathan C. Fay

Mailing Address 1637 Woodland Ave

City E Palo Alto State CA Zip Code 94303

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 11 / 2011

Transaction ID: 2927774

Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional) ► 2600.00

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

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

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

FOR LINE NUMBER: PAGE 105 / 295
(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)
nellie Maney
Mailing Address 4619 NE 112th Ave
City Vancouver State WA Zip Code 98682
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 01 / 31 / 2011
Transaction ID: 2935688
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Ms. Nicole Place
Mailing Address 2410 Par Place
City Durham State NC Zip Code 27705
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation REQUESTED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 01 / 25 / 2011
Transaction ID: 2930972
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Nikki Heidepriem
Mailing Address 5404 Edgemoor Lane
City Bethesda State MD Zip Code 20814
FEC ID number of contributing federal political committee. **C**
Name of Employer Fabiani & Company Occupation Partner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 01 / 12 / 2011
Transaction ID: 2928197
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 295
(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. Nina J. Pearlmutter

Mailing Address 1040 SW 75th Avenue

City State Zip Code
Plantation FL 33317

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2011

Transaction ID: 2927995

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. 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
none

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2011

Transaction ID: 2928269

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. O. R. Jones

Mailing Address 19191 Harvard Avenue
Apt. 231A

City State Zip Code
Irvine CA 92612

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2011

Transaction ID: 2926586

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 295
(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. Olivia Sears

Mailing Address 912 Cole St # 195

City State Zip Code
San Francisco CA 94117

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

Name of Employer Occupation
Stanford U Student

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 03 / 2011

Transaction ID: 2926081

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Pam Fleischaker

Mailing Address 821 NW 41st

City State Zip Code
Oklahoma City OK 73118

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2011

Transaction ID: 2931111

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Pamela L Lowry

Mailing Address 27 Oak Road

City State Zip Code
Santa Cruz CA 95060

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2011

Transaction ID: 2926911

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 295
(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 Murray

Mailing Address 36 Cedar Lane Way

City State Zip Code
Boston MA 02108

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

Name of Employer Bessemer Trust Occupation Financial Services

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	1

Transaction ID: 2930483
 Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
Ms. Pamela Coffin

Mailing Address 2904 Accomac Street

City State Zip Code
St. Louis MO 63104

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

Name of Employer Mercer Occupation Consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: 2931989
 Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Ms. Pamela Bonino

Mailing Address 900 Island Drive Suite 401
Suite 401

City State Zip Code
Rancho Mirage CA 92270

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

Name of Employer self Occupation self

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: 2934233
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional) ► 3050.00

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

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

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

FOR LINE NUMBER: PAGE 109 / 295
(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 Winter
Mailing Address 2117 Greenwood Avenue
City Wilmette State IL Zip Code 60091
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation REQUESTED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 01 / 03 / 2011
Transaction ID: 2926043
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Mrs. Patricia A Cook
Mailing Address 1004 Aspen Street
City Wayne State NE Zip Code 68787
FEC ID number of contributing federal political committee. **C**
Name of Employer n/a Occupation retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 01 / 04 / 2011
Transaction ID: 2926234
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Patricia B Campbell
Mailing Address 80 Lakeside Dr
City Groton State MA Zip Code 01450
FEC ID number of contributing federal political committee. **C**
Name of Employer Campbell-Kibler Associates Occupation Educational researcher
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 01 / 06 / 2011
Transaction ID: 2926616
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 295
(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. Patricia A Carpenter

Mailing Address 4401 Altura N.E.

City Albuquerque State NM Zip Code 87110

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 01 / 06 / 2011

Transaction ID: 2926754

Amount of Each Receipt this Period 1000.00

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

Mailing Address 5200 62nd Ave S

City St. Petersburg State FL Zip Code 33715

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 01 / 11 / 2011

Transaction ID: 2927918

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Patricia Thomas

Mailing Address 3450 Church School Road

City Doylestown State PA Zip Code 18902

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 01 / 14 / 2011

Transaction ID: 2928588

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 295

(check only one)

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

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

NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Ms. Patricia S. Bitondo

Mailing Address 2115 Tunlaw Road, 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 ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 1 1

Transaction ID: 2930817

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Patricia Courtney

Mailing Address 5200 62nd Ave S

City State Zip Code
St. Petersburg FL 33715

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

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

Transaction ID: 2931520

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)
Ms. Patricia H. Lonardo

Mailing Address 3252 N St. NW

City State Zip Code
Washington DC 20007

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
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2931783

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 295
(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Patricia Dawson

Mailing Address 610 NE Vineyard Ln. Unit A303

City State Zip Code
Bainbridge Is WA 98110

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 1 1

Transaction ID: 2931944

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Mrs. Patti D. Withers

Mailing Address 914 Main Unit 803

City State Zip Code
Houston TX 77002

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

Name of Employer Occupation
Thoreau Unitarian Univers- Religious Educator
alist Cong.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 1 1

Transaction ID: 2932084

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul Popenoe

Mailing Address 3979 South Peardale Dr.

City State Zip Code
Lafayette CA 94549

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

Name of Employer Occupation
Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2928170

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 295
(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. Paula Sabloff

Mailing Address 321 Calle Loma Norte

City State Zip Code
Santa Fe NM 87501

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

Name of Employer Occupation
Santa Fe Institute Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2011

Transaction ID: 2926838

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Paulina C. Kreger

Mailing Address 70 East 10th Street
Apt. 20T

City State Zip Code
New York NY 10003

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2011

Transaction ID: 2930824

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Phyllis Wallin

Mailing Address 13843 North Maxfli Drive

City State Zip Code
Oro Valley AZ 85755

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2011

Transaction ID: 2931966

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 114 / 295
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Ms. Priscilla Baker

Mailing Address 4161 Arcadia Way

City State Zip Code
Oceanside CA 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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 03 / 2011

Transaction ID: 2926018

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Priscilla A Gilman

Mailing Address 4537 Deer Run

City State Zip Code
Evans GA 30809

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

Name of Employer Occupation
Med. Colledge Of Ga. Physc. Educator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
01 / 03 / 2011

Transaction ID: 2926040

Amount of Each Receipt this Period
400.00

C. 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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2011

Transaction ID: 2927102

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 115 / 295
(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Mr. Rainer Storb

Mailing Address 2330-43rd Ave E, # 100B
D1-100

City State Zip Code
Seattle WA 98112

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

Name of Employer Occupation
F.Hutchinson Cancer Rease-
acrh center physician/scientist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 2926089

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Raquel H. Newman

Mailing Address 1333 Jones St
#1210

City State Zip Code
San Francisco CA 94109

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

Name of Employer Occupation
Requested

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	1

Transaction ID: 2928573

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Raymond Mattison

Mailing Address 350 Clover Drive

City State Zip Code
San Luis Obispo CA 93405

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 ▼
500.00

Date of Receipt

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

Transaction ID: 2928286

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 116 / 295
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Dr. Rhonda D Wright, M.D.

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
Montgomery Pathology Associates, P.C.

Occupation
Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2011

Transaction ID: 2928427

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Mr. Robert F. Schumann

Mailing Address P.O. Box 813

City State Zip Code
Madison CT 06443

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

Name of Employer

Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2011

Transaction ID: 2928169

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Robert Goodrich

Mailing Address 4417 Broadmoor

City State Zip Code
Kentwood MI 49512

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

Name of Employer
Goodrich Quality Theaters

Occupation
President/Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: 2932442

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **5650.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 / 295
(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Ms. Robin G Willner

Mailing Address 315 Riverside Dr
Apt 10C

City State Zip Code
New York NY 10025

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

Name of Employer Occupation
IBM Corporation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: 2930529

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Rosalind S. Abernathy

Mailing Address 230 Kings Row Drive

City State Zip Code
Little Rock AR 72207

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

Name of Employer Occupation
Univ. of Arkansas Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	1

Transaction ID: 2929910

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Rose Cali

Mailing Address 61 Wayside Place

City State Zip Code
Montclair NJ 07042

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

Name of Employer Occupation
none volunteer/education

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	1

Transaction ID: 2929278

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER: PAGE 118 / 295
(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. Ruth S Kasle

Mailing Address 524 Everett Court

City Palo Alto State CA Zip Code 94301

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

Name of Employer NA Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 06 / 2011
Transaction ID: 2926692
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Ruth L. Siteman

Mailing Address 106 Waterford Circle

City Racho Mirage State CA Zip Code 92270

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 06 / 2011
Transaction ID: 2926756
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
Mrs. Sally S McDaniel

Mailing Address 3777 Paces Ferry Road

City Atlanta State GA Zip Code 30327

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 ▼ 3000.00

Date of Receipt 01 / 11 / 2011
Transaction ID: 2927773
Amount of Each Receipt this Period 3000.00

SUBTOTAL of Receipts This Page (optional) ► 8250.00

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

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

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

FOR LINE NUMBER: PAGE 119 / 295
(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. Sally Juday
 Mailing Address 1833 Ridgecrest Road
 City State Zip Code
 Fort Collins CO 80524
 Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 1 2 / 2 0 1 1
Transaction ID: 2928171
 Amount of Each Receipt this Period
 2000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

B. Full Name (Last, First, Middle Initial)
Sally Woolsey
 Mailing Address 62 Arlington Ave
 City State Zip Code
 Kensington CA 94707
 Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 1 1
Transaction ID: 2930143
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 none retired
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

C. Full Name (Last, First, Middle Initial)
Ms. Sandra Lowery
 Mailing Address 6627 Sewanee Ave
 City State Zip Code
 Houston TX 77005
 Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 1 0 / 2 0 1 1
Transaction ID: 2927372
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 S&R Resources, Inc Sales
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3250.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 120 / 295

(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. Sandra Cunningham

Mailing Address 2701 Franklin Avenue

City State Zip Code
Pueblo CO 81003

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2927660

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Sandra Zwinlinger

Mailing Address 5624 Vintage Oaks Cir

City State Zip Code
Delray Beach FL 33484

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

Name of Employer Occupation
Fahnestock Co. Stockbroker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 8 / 2 0 1 1

Transaction ID: 2928993

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Sandra Reitz

Mailing Address 227 Windsor Dr

City State Zip Code
Salisbury NC 28144

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2929589

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 121 / 295
(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. Sandra S Coleman

Mailing Address 6 Hamilton Circle

City Shrewsbury State MA Zip Code 01545

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 01 / 13 / 2011
Transaction ID: 2928212
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Sara Latz

Mailing Address 984 Monument Street Suite 102

City Pacific Palisades State CA Zip Code 90272

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

Name of Employer Self Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 03 / 2011
Transaction ID: 2926002
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ms. Sara Drower

Mailing Address 127 Laurel Avenue

City Wilmette State IL Zip Code 60091

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

Name of Employer Self Occupation Artist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 05 / 2011
Transaction ID: 2926422
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 295
(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. Sarah Hawley Dunning

Mailing Address 9239 Hathaway Street

City State Zip Code
Dallas TX 75220

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

Name of Employer Self Occupation
Self Interior Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 04 / 2011

Transaction ID: 2926281

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Sarah Peter

Mailing Address 778 Park Avenue

City State Zip Code
New York NY 10065

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

Name of Employer Self Occupation
Self Artist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2011

Transaction ID: 2928587

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Sarah L Cleary

Mailing Address 655 Terrace Blvd.

City State Zip Code
Orlando FL 32803

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

Name of Employer Lockheed Martin Occupation
Lockheed Martin Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2011

Transaction ID: 2931216

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

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

FOR LINE NUMBER: PAGE 123 / 295
(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. Sarah M. Nelson

Mailing Address 2200 S. University Blvd.#513

City State Zip Code
Greenwood Village CO 80210

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: 2932141

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Sarene P. Shanus

Mailing Address 347 Orienta Avenue

City State Zip Code
Mamaroneck NY 10543

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

Name of Employer Occupation
Harlorn LLC Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2011

Transaction ID: 2927536

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Saul Sternberg

Mailing Address 2106 Lombard Street

City State Zip Code
Philadelphia PA 19146

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

Name of Employer Occupation
U of PA Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
01 / 03 / 2011

Transaction ID: 2925995

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► 2400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 124 / 295
(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. Sharon Y. Nickols

Mailing Address 104 Telfair Place

City Athens State GA Zip Code 30606

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

Name of Employer University of Georgia Occupation Dean/Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 06 / 2011
Transaction ID: 2926641
 Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Sharon Murphy

Mailing Address 2233 Summit Avenue

City Saint Paul State MN Zip Code 55105

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

Name of Employer U of MN Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 11 / 2011
Transaction ID: 2927941
 Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Sharon L. Mueller

Mailing Address 2172 SW Park Place
Unit G

City Portland State OR Zip Code 97205

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

Name of Employer Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 13 / 2011
Transaction ID: 2928216
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 295
(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. Sharon M. Solomon

Mailing Address 404 Durant Way

City State Zip Code
Mill Valley CA 94941

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

Name of Employer Occupation
Pillsbury, Madison & Sutro Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2011

Transaction ID: 2928332

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Shefali Razdan Duggal

Mailing Address 245 23rd Avenue

City State Zip Code
San Francisco CA 94121

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

Name of Employer Occupation
not working political activist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2011

Transaction ID: 2927522

Amount of Each Receipt this Period
1000.00

C.

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 Occupation
self employed writer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2011

Transaction ID: 2931786

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► 2750.00

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

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

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

FOR LINE NUMBER: PAGE 126 / 295
(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. Sona Aronian

Mailing Address 14 Helme RD

City State Zip Code
Kingston RI 02881

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

Name of Employer Occupation
Univ. of RI professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2011

Transaction ID: 2927370

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Sonja D. Schmid

Mailing Address 211 Woodland Road

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2011

Transaction ID: 2929899

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Stanley D. Christianson

Mailing Address 141 Beverly Blvd

City State Zip Code
Hobart IN 46342

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

Name of Employer Occupation
Thrall Enterprises INC Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2011

Transaction ID: 2927337

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 / 295
(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. Stephanie Hayutin

Mailing Address 745 25th Street

City State Zip Code
Santa Monica CA 90402

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

Name of Employer Self Occupation nurse pschotherapist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2011

Transaction ID: 2927561

Amount of Each Receipt this Period
250.00

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2011

Transaction ID: 2934235

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Story Clark Resor

Mailing Address 4445 Moose Wilson Road

City State Zip Code
Wilson WY 83014

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

Name of Employer Self Occupation Conservation Consult

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2011

Transaction ID: 2928429

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 128 / 295
(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. Sue Bell-Friedman

Mailing Address 2544 Brandermill Pl

City State Zip Code
Charlottesville VA 22911

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

Name of Employer Occupation
Alzheimer's Association Non-Profit Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2011

Transaction ID: 2927537

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Sue Moran

Mailing Address 663 Ocean View Ave

City State Zip Code
Grover Beach CA 93433

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2011

Transaction ID: 2927860

Amount of Each Receipt this Period
250.00

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

Mailing Address 360 Edgemere Place

City State Zip Code
Oberlin OH 44074

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2011

Transaction ID: 2929771

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 129 / 295
(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. Sue F. Allen

Mailing Address 11520 Howe Road

City Akron State NY Zip Code 14001

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

Name of Employer Amherst Occupation Teacher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 20 / 2011
Transaction ID: 2930289
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Susan B. Eisenhauer

Mailing Address PO Box 4562

City Portland State OR Zip Code 97208

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

Name of Employer Self Occupation atty/consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 07 / 2011
Transaction ID: 2927046
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Susan Fisher

Mailing Address

City REQUESTED State Zip Code 11111

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: 01 / 12 / 2011
Transaction ID: 2928191
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 295
(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. Susan F. Bennett

Mailing Address 30218 Fairway Drive

City State Zip Code
Wesley Chapel FL 33543

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

Name of Employer stearns weaver miller et al
Occupation Lawyer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2011

Transaction ID: 2929838

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Susan Griffith

Mailing Address 950 Westbank Drive #100

City State Zip Code
Austin TX 78746

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

Name of Employer Amelia Bullock Realtors
Occupation Real estate broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2011

Transaction ID: 2929841

Amount of Each Receipt this Period
300.00

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 ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2011

Transaction ID: 2930376

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

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

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

FOR LINE NUMBER: PAGE 131 / 295
(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 Beckerman
 Mailing Address 52 W 88th St Apt, 1R
 City State Zip Code
 New York NY 10024
 Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 2 1 / 2 0 1 1
Transaction ID: 2930733
 Amount of Each Receipt this Period
 2500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 retired
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

B. Full Name (Last, First, Middle Initial)
Ms. Susan Smerd
 Mailing Address 716 Amberson
 City State Zip Code
 Pittsburgh PA 15232
 Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 2 4 / 2 0 1 1
Transaction ID: 2937049
 Amount of Each Receipt this Period
 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self REQUESTED
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

C. Full Name (Last, First, Middle Initial)
Ms. Suzan DelBene
 Mailing Address PO Box 438
 City State Zip Code
 Medina WA 98039
 Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 2 9 / 2 0 1 1
Transaction ID: 2934140
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 State of Washington Director
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

SUBTOTAL of Receipts This Page (optional) ► **3050.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 132 / 295
(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. Suzanne Sabin Melchior

Mailing Address 159 Miraloma Drive

City San Francisco State CA Zip Code 94127

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

Name of Employer Unemployed Occupation REQUESTED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 06 / 2011
Transaction ID: 2926711
 Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Suzanne E. Schwartz

Mailing Address 137 S. Newport Way

City Dagsboro State DE Zip Code 19939

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

Name of Employer U.S. EPA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 11 / 2011
Transaction ID: 2927957
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Ms. Suzanne E. Allen

Mailing Address 6511 Seneca Road

City Shawnee Msn State KS Zip Code 66208

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

Name of Employer Self Occupation Civic Volunteer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 24 / 2011
Transaction ID: 2930942
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 295
(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. Suzy Marzalek

Mailing Address 1631 Los Olivos Road

City State Zip Code
Santa Rosa CA 95404

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2011

Transaction ID: 2932431

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Talal H. Gama

Mailing Address 2042 Beacon Place

City State Zip Code
Reston VA 20191

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2011

Transaction ID: 2930890

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Ms. Tamara Peterson

Mailing Address 8205 Gillette Street

City State Zip Code
Las Vegas NV 89117

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

Name of Employer Clark County District Att. Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2011

Transaction ID: 2928011

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 134 / 295
(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. Thalia Meehan

Mailing Address 28 Robbins Road

City State Zip Code
Watertown MA 02472

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

Name of Employer Putnam Occupation Financial Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 / 07 / 2011
Transaction ID: 2926988
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Mr. Thomas Dcamp

Mailing Address 7828 76th Avenue SW

City State Zip Code
Lakewood WA 98498

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 11 / 2011
Transaction ID: 2927950
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Thomas S Israel

Mailing Address 99 birdsong Way Apt. D-107

City State Zip Code
Hilton Head SC 29926

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 11 / 2011
Transaction ID: 2928035
Amount of Each Receipt this Period: 500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 295
(check only one)

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

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

NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Mr. Tom Kibler

Mailing Address 80 Lakesite Drive

City State Zip Code
Groton MA 01450

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

Name of Employer Occupation
Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 2926615

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Toni Whitmore

Mailing Address 30 Belknap St., #1

City State Zip Code
Somerville MA 02144

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

Name of Employer Occupation
MassDOT Director/Com. Affair

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	1

Transaction ID: 2926069

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Toni Robinson

Mailing Address P.O. Box 307

City State Zip Code
Essex CT 06426

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

Name of Employer Occupation
Quinnipiac University School of Law Law Professor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	1

Transaction ID: 2928029

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 295
(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)
Tracey Westbrook

Mailing Address 1560 Selva Marina Dr.

City State Zip Code
Atlantic Beach FL 32233

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

Name of Employer Occupation
Kmh Design, Inc. Interior Design Assi

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 2935669

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Ms. Valerie Tootle

Mailing Address 160 E. 38th Street, Apt. 23F

City State Zip Code
New York NY 10016

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

Name of Employer Occupation
Milford Assistants Executive Assistant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2927838

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Ms. Vicki G. Cheikes

Mailing Address 23372 Water Cir

City State Zip Code
Boca Raton FL 33486

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

Name of Employer Occupation
Self Attorney

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 2931137

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 137 / 295
(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

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

Mailing Address 15735 NE Browndale Farm Road

City Aurora State OR Zip Code 97002

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 20 / 2011

Transaction ID: 2930361

Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Mrs. Viola Spalding

Mailing Address 43641 Henson Road

City Hempstead State TX Zip Code 77445

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 01 / 14 / 2011

Transaction ID: 2928572

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Virginia Ogle

Mailing Address PO Box 277

City Mendenhall State PA Zip Code 19357

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 04 / 2011

Transaction ID: 2926233

Amount of Each Receipt this Period 500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 295
(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. Virginia Nye

Mailing Address 5515 Callister Ave

City State Zip Code
Sacramento CA 95819

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2928897

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Ms. Virginia Ralston

Mailing Address 8348 Colton Cove

City State Zip Code
Germantown TN 38139

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

Name of Employer Occupation
none Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 1 1

Transaction ID: 2929801

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. W. Redwood Wright

Mailing Address P.O. Box 54

City State Zip Code
Woods Hole MA 02543

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 1 1

Transaction ID: 2927634

Amount of Each Receipt this Period

500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 295
(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. Warner A. Rosenthal

Mailing Address 423 Ashland Place

City State Zip Code
Highland Park IL 60035

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 1 1

Transaction ID: 2928116

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Warren Stickney

Mailing Address 2050 112Th Ave Ne Ste 210

City State Zip Code
Bellevue WA 98004

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

Name of Employer Occupation
REQUESTED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt

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

Transaction ID: 2934618

Amount of Each Receipt this Period
201.00

C.

Full Name (Last, First, Middle Initial)
Ms. Wendy C Wolf

Mailing Address 224 Valley Ridge Road

City State Zip Code
Haverford PA 19041

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

Name of Employer Occupation
none retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

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

Transaction ID: 2930976

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)

2701.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 140 / 295
(check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Mr. Wyman B. Fowler

Mailing Address 2107 Mallard Drive

City Lancaster State PA Zip Code 17601

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

Name of Employer Intermediate Unit # 13 Occupation Adult Education Instructor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 05 / 2011

Transaction ID: 2926594

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Yvonne Mathis

Mailing Address 511 W 42nd St

City Savannah State GA Zip Code 31415

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

Name of Employer Occupation REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 10 / 2011

Transaction ID: 2927359

Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 70.00

Date of Receipt 12 / 14 / 2009

Transaction ID: 3026750

Amount of Each Receipt this Period 0.00

Total Cntrbs through Conduit 1/1/11-1/31/11

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 1300.00

TOTAL This Period (last page this line number only) ► 271005.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 141 / 295
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Paula Brooks for Congress

Mailing Address 550 East Walnut St

City State Zip Code
Columbus OH 43215

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 1 1

Transaction ID: 2926750

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="250.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 142 / 295
(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) American Express		Date of Receipt MM / DD / YYYY 01 / 07 / 2011
Mailing Address 20002 North 19th Ave		Transaction ID: 5014
City Phoenix	State AZ	Zip Code 85027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 628.47
Name of Employer	Occupation	Overpayment Refund
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) American Express		Date of Receipt MM / DD / YYYY 01 / 07 / 2011
Mailing Address 20002 North 19th Ave		Transaction ID: 5015
City Phoenix	State AZ	Zip Code 85027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 741.26
Name of Employer	Occupation	Overpayment Refund
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) Pace Harmon		Date of Receipt MM / DD / YYYY 01 / 07 / 2011
Mailing Address 8150 Leesburg Pike		Transaction ID: 5016
City Vienna	State VA	Zip Code 22182
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5564.00
Name of Employer	Occupation	Sublease Rent at Fair Market Value
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	Orig Vendor: Jack I Bender

SUBTOTAL of Receipts This Page (optional)	6933.73
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 143 / 295
(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)
565 Commercial Street
Mailing Address 565 Commercial Street

City State Zip Code
San Francisco CA 94111

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
0 1 / 0 7 / 2 0 1 1

Transaction ID: 5017

Amount of Each Receipt this Period
250.00

Speaking Honorarium

B.

Full Name (Last, First, Middle Initial)
SaBrina Brown
Mailing Address P.O. Box 1265

City State Zip Code
North Beach MD 20714

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 1 1

Transaction ID: 5000

Amount of Each Receipt this Period
2.11

Telephone at Fair Market Value

Orig Vendor: Working Assets

C.

Full Name (Last, First, Middle Initial)
Callie Fines
Mailing Address 10621 Regent Park Court

City State Zip Code
Fairfax VA 22030

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 1 1

Transaction ID: 5001

Amount of Each Receipt this Period
7.48

Postage at Fair Market Value

Orig Vendor: US Postmaster

SUBTOTAL of Receipts This Page (optional) ► **259.59**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 144 / 295
(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) Ellen Malcolm		Date of Receipt MM / DD / YYYY 01 / 15 / 2011
Mailing Address 1120 Connecticut Ave, NW Suite 1100		Transaction ID: 5002
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.80
Name of Employer	Occupation	Telephone at Fair Market Value
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	Orig Vendor: Working Assets

B.

Full Name (Last, First, Middle Initial) Ellen Malcolm		Date of Receipt MM / DD / YYYY 01 / 15 / 2011
Mailing Address 1120 Connecticut Ave, NW Suite 1100		Transaction ID: 5003
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7.44
Name of Employer	Occupation	Postage at Fair Market Value
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	Orig Vendor: US Postmaster

C.

Full Name (Last, First, Middle Initial) Denise Feriozzi		Date of Receipt MM / DD / YYYY 01 / 15 / 2011
Mailing Address 3460 14th Street, NW		Transaction ID: 5004
City Washington	State DC	Zip Code 20010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.76
Name of Employer	Occupation	Postage at Fair Market Value
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	Orig Vendor: US Postmaster

SUBTOTAL of Receipts This Page (optional)	▶	11.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 145 / 295

(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)
Hilary Nachem

Mailing Address 514 Second Street, SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt

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

Transaction ID: 5005

Amount of Each Receipt this Period

0.44

Telephone at Fair Market Value

Orig Vendor: Working Assets

B.

Full Name (Last, First, Middle Initial)
Yvonne Williams

Mailing Address 5412 Bradford Ct.

City State Zip Code
Alexandria VA 22311

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
0 1 / 1 5 / 2 0 1 1

Transaction ID: 5006

Amount of Each Receipt this Period

0.59

Telephone at Fair Market Value

Orig Vendor: Working Assets

C.

Full Name (Last, First, Middle Initial)
Bryce Marable

Mailing Address 1423 Parkwood Place NW

City State Zip Code
Washington DC 20010

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt

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

Transaction ID: 5007

Amount of Each Receipt this Period

0.35

Telephone at Fair Market Value

Orig Vendor: Working Assets

SUBTOTAL of Receipts This Page (optional) ▶

1.38

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 146 / 295

(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)
Kim Coleman

Mailing Address 2151 California St, NW

City State Zip Code
Washington DC 20008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

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

Transaction ID: 5008

Amount of Each Receipt this Period

0.31

Telephone at Fair Market Value

Orig Vendor: Working Assets

B.

Full Name (Last, First, Middle Initial)
Stephanie Schriock

Mailing Address 3225 Valley Drive

City State Zip Code
Alexandria VA 22302

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
0 1 / 1 5 / 2 0 1 1

Transaction ID: 5009

Amount of Each Receipt this Period

61.00

Travel at Fair Market Value

Orig Rpt: Amex 12/10

C.

Full Name (Last, First, Middle Initial)
Denise Feriozzi

Mailing Address 3460 14th Street, NW

City State Zip Code
Washington DC 20010

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

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

Transaction ID: 5013

Amount of Each Receipt this Period

0.56

Telephone at Fair Market Value

Orig Vendor: Working Assets

SUBTOTAL of Receipts This Page (optional) ▶

61.87

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

7267.57

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

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

FOR LINE NUMBER: PAGE 147 / 295
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address 1501 Pennsylvania Ave, NW

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 ▼
40.17

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 3 1 / 2 0 1 1

Transaction ID: 50001

Amount of Each Receipt this Period
40.17

Interest

B. Full Name (Last, First, Middle Initial)
Merrill Lynch

Mailing Address 1152 15th St, NW

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 ▼
7.44

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 3 1 / 2 0 1 1

Transaction ID: 50002

Amount of Each Receipt this Period
7.44

Dividend

SUBTOTAL of Receipts This Page (optional) ► **47.61**

TOTAL This Period (last page this line number only) ► **47.61**

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE 48 / 295

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 2011

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-1674

**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 1 / 2 6 / 2 0 1 1	TOTAL AMOUNT TRANSFERRED 200000.00
--	---	---------------------------------------

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	200000.00	Transaction ID: H3-EL-1666
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	200000.00
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
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)	200000.00

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

NAME OF COMMITTEE (In Full)
EMILY's List

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

Mailing Address
P. O. Box 371461

City State Zip Code
Pittsburg PA 15250-7461

Purpose of Disbursement:
Deliveries

Category/
Type

Activity or Event Identifier:
PSP11

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

25.12

Date 01 / 06 / 2011

Transaction ID: H4-151895

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.56		12.56		25.12

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

Activity or Event Identifier:
PSP11

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

72.75

Date 01 / 13 / 2011

Transaction ID: H4-151916

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.81		23.82		47.63

C. Full Name (Last, First, Middle Initial)
Diane Hamwi

Mailing Address
1840 Biltmore Street, NW #10

City State Zip Code
Washington DC 20009

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Activity or Event Identifier:
PSP11

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

124.58

Date 01 / 13 / 2011

Transaction ID: H4-151921

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.91		25.92		51.83

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
62.28		62.30		124.58

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial) 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 191.55		
City Vienna	State VA	Zip Code 22182	Date <input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>		
Purpose of Disbursement: Deliveries			Transaction ID: H4-151932		
Activity or Event Identifier: PSP11					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.48		33.49		66.97

B. Full Name (Last, First, Middle Initial) 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 2143.48		
City Vienna	State VA	Zip Code 22182	Date <input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>		
Purpose of Disbursement: Printing			Transaction ID: H4-151933		
Activity or Event Identifier: PSP11					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
975.96		975.97		1951.93

C. Full Name (Last, First, Middle Initial) 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 2105.93		
City Vienna	State VA	Zip Code 22182	Date <input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>		
Purpose of Disbursement: Postage Credit			Transaction ID: H4-151934		
Activity or Event Identifier: PSP11					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
-18.77		-18.78		-37.55

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
990.67		990.68		1981.35

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) 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 5030.03		
City Vienna	State VA	Zip Code 22182	Date <input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2011"/> Transaction ID: H4-151935		
Purpose of Disbursement: Printing		Category/ Type			
Activity or Event Identifier: PSP11					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1462.05		1462.05		2924.10

B. Full Name (Last, First, Middle Initial) Starfish Design Carolyn M. Coon			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 106 Kidwell Avenue			Allocated Activity or Event Year-To-Date 5390.03		
City Centreville	State MD	Zip Code 21617	Date <input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2011"/> Transaction ID: H4-151937		
Purpose of Disbursement: Design/Graphics		Category/ Type			
Activity or Event Identifier: PSP11					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
180.00		180.00		360.00

C. Full Name (Last, First, Middle Initial) 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 6930.03		
City Vienna	State VA	Zip Code 22182	Date <input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2011"/> Transaction ID: H4-151958		
Purpose of Disbursement: Postage		Category/ Type			
Activity or Event Identifier: PSP11					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
770.00		770.00		1540.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2412.05		2412.05		4824.10

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
[Empty]	[Empty]	[Empty]

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

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
American Express
Mailing Address
Po Box 360001
City Ft. Lauderdale **State** FL **Zip Code** 33336-0001
Purpose of Disbursement:
Internet Services
Activity or Event Identifier:
PSP11
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
6946.98
Date 01 / 20 / 2011
Transaction ID: H4-151980

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.47		8.48		16.95

B. Full Name (Last, First, Middle Initial)
EFAXCOM
Mailing Address
6922 HOLLYWOOD BLVD # 800
City LOS ANGELES **State** CA **Zip Code** 90028-6154
Purpose of Disbursement:
Internet Services
Activity or Event Identifier:
[MEMO ITEM] 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

Date 01 / 20 / 2011
Transaction ID: H4-151980-10000

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.47		8.48		16.95

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:
PSP11
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
7141.88
Date 01 / 20 / 2011
Transaction ID: H4-151981

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
97.45		97.45		194.90

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.92		105.93		211.85

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
AIRTRAN AIRWAYS

Mailing Address
1800 PHOENIX BLVD STE 126

City	State	Zip Code
ATLANTA	GA	30349-5547

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: H4-151981-10000

Activity or Event Identifier:
[MEMO ITEM] Memo Entry

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="47.35"/>		<input type="text" value="47.35"/>		<input type="text" value="94.70"/>

B. Full Name (Last, First, Middle Initial)
AIRTRAN AIRWAYS

Mailing Address
1800 PHOENIX BLVD STE 126

City	State	Zip Code
ATLANTA	GA	30349-5547

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: H4-151981-20000

Activity or Event Identifier:
[MEMO ITEM] Memo Entry

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="50.10"/>		<input type="text" value="50.10"/>		<input type="text" value="100.20"/>

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

Mailing Address
Po Box 360001

City	State	Zip Code
Ft. Lauderdale	FL	33336-0001

Purpose of Disbursement:
Travel/Accommodation /Meals

Type of Allocated 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: H4-151990

Activity or Event Identifier:
See Attached Memo Entry

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="27.83"/>		<input type="text" value="27.83"/>		<input type="text" value="55.66"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="27.83"/>		<input type="text" value="27.83"/>		<input type="text" value="55.66"/>

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
<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)
COSI 683

Mailing Address
1275 K STREET NW

City State Zip Code
WASHINGTON DC 20005

Purpose of Disbursement:
Travel/Accommodation /Meals

Category/
Type

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

Date MM / DD / YYYY
01 / 20 / 2011

Transaction ID: H4-151990-10000

[MEMO ITEM] Memo Entry

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.52		7.52		15.04

B. Full Name (Last, First, Middle Initial)
RENAISSANCE HTLS & RESRTS

Mailing Address
1127 CONNECTICUT AVE NW

City State Zip Code
WASHINGTON DC 20036-4301

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

Date MM / DD / YYYY
01 / 20 / 2011

Transaction ID: H4-151990-20000

[MEMO ITEM] Memo Entry

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.34		6.34		12.68

C. Full Name (Last, First, Middle Initial)
RENAISSANCE HTLS & RESRTS

Mailing Address
1127 CONNECTICUT AVE NW

City State Zip Code
WASHINGTON DC 20036-4301

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

Date MM / DD / YYYY
01 / 20 / 2011

Transaction ID: H4-151990-30000

[MEMO ITEM] Memo Entry

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.37		7.37		14.74

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
STARBUCKS 7281 1734L STRE
Mailing Address
1734 L ST NW
City State Zip Code
WASHINGTON DC 20036-5406
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: H4-151990-40000

[MEMO ITEM] Memo Entry		
FEDERAL SHARE	+	NONFEDERAL SHARE
<input type="text" value="6.60"/>		<input type="text" value="6.60"/>
		=
		<input type="text" value="13.20"/>
TOTAL AMOUNT		

B. Full Name (Last, First, Middle Initial)
American Express
Mailing Address
PO Box 360001
City State Zip Code
Fort Lauderdale FL 33336
Purpose of Disbursement:
Travel/Accommodation /Meals
Activity or Event Identifier:
PSP11
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
Date / /
Transaction ID: H4-151994

FEDERAL SHARE	+	NONFEDERAL SHARE
<input type="text" value="135.00"/>		<input type="text" value="135.00"/>
		=
		<input type="text" value="270.00"/>
TOTAL AMOUNT		

C. Full Name (Last, First, Middle Initial)
Amtrak
Mailing Address
60 Mass Ave NW
City State Zip Code
Washington DC 20002
Purpose of Disbursement:
Travel/Accommodation /Meals
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: H4-151994-10000

FEDERAL SHARE	+	NONFEDERAL SHARE
<input type="text" value="135.00"/>		<input type="text" value="135.00"/>
		=
		<input type="text" value="270.00"/>
TOTAL AMOUNT		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="135.00"/>		<input type="text" value="135.00"/>		<input type="text" value="270.00"/>

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

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

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

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial) American 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 7889.06		
City American Express	State FL	Zip Code 33336	Date <input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>		
Purpose of Disbursement: Event Supplies		Category/ Type			
Activity or Event Identifier: PSP11 See Attached Memo Entry			Transaction ID: H4-151995		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.76		210.76		421.52

B. Full Name (Last, First, Middle Initial) ALLIED PARTY RENTALS			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 4907 Rugby Avenue			Allocated Activity or Event Year-To-Date		
City Bethesda	State MD	Zip Code 20814	Date <input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>		
Purpose of Disbursement: Event Supplies		Category/ Type			
Activity or Event Identifier: Memo Entry			Transaction ID: H4-151995-10000		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.76		210.76		421.52

C. Full Name (Last, First, Middle Initial) American Express			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Po Box 360001			Allocated Activity or Event Year-To-Date 8373.06		
City American Express	State FL	Zip Code 33336	Date <input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>		
Purpose of Disbursement: Postage		Category/ Type			
Activity or Event Identifier: PSP11 See Attached Memo Entry			Transaction ID: H4-151996		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
242.00		242.00		484.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
452.76		452.76		905.52

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)
USPS

Mailing Address
Washington Square

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

Date / /

Transaction ID: H4-151996-10000

[MEMO ITEM] Memo Entry

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
242.00		242.00		484.00

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

Mailing Address
PO Box 360001

City State Zip Code
Ft Lauderdale FL 33336-0001

Purpose of Disbursement:
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

Date / /

Transaction ID: H4-151998

See Attached Memo Entry

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.50		29.50		59.00

C. Full Name (Last, First, Middle Initial)
J2 GLOBAL COMMUN INC

Mailing Address
6922 HOLLYWOOD BLVD

City State Zip Code
LOS ANGELES CA 90028-6117

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

Date / /

Transaction ID: H4-151998-10000

[MEMO ITEM] Memo Entry

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.50		7.50		15.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.50		29.50		59.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial)
US POSTAL SERVICE

Mailing Address
380 RIVERSIDE ST

City State Zip Code
WESTBROOK ME 04103

Purpose of Disbursement:
Postage

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

Date / /

Transaction ID: H4-151998-20000

[MEMO ITEM] Memo Entry

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.00		22.00		44.00

B. Full Name (Last, First, Middle Initial)
3 Click Solutions

Mailing Address
805 15th St, NW Suite 425

City State Zip Code
Washington DC 20005

Purpose of Disbursement:
Event Supplies

Category/
Type

Activity or Event Identifier:
PSP11

Type of Allocated 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: H4-152012

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1044.77		1044.78		2089.55

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

Activity or Event Identifier:
PSP11

Type of Allocated 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: H4-152033

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
73.00		73.00		146.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1117.77		1117.78		2235.55

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

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/Accommodation /Meals

Activity or Event Identifier:
PSP11

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

Allocated Activity or Event Year-To-Date
10714.61

Date / /
Transaction ID: H4-152034

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.50		23.50		47.00

B. Full Name (Last, First, Middle Initial)
Nexus Direct

Mailing Address
2101 Parks Avenue Ste 600

City	State	Zip Code
Virginia Beach	VA	23451

Purpose of Disbursement:
Copy Writer

Activity or Event Identifier:
PSP11

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

Allocated Activity or Event Year-To-Date
12199.61

Date / /
Transaction ID: H4-152048

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
742.50		742.50		1485.00

C. Full Name (Last, First, Middle Initial)
Nexus Direct

Mailing Address
2101 Parks Avenue Ste 600

City	State	Zip Code
Virginia Beach	VA	23451

Purpose of Disbursement:
Data Management

Activity or Event Identifier:
PSP11

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

Allocated Activity or Event Year-To-Date
12265.22

Date / /
Transaction ID: H4-152049

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
32.80		32.81		65.61

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
798.80		798.81		1597.61

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)
Nexus Direct

Mailing Address
2101 Parks Avenue Ste 600

City State Zip Code
Virginia Beach VA 23451

Purpose of Disbursement:
Design/Graphics

Category/
Type

Activity or Event Identifier:
PSP11

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

12870.22

Date 01 / 26 / 2011

Transaction ID: H4-152050

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
302.50		302.50		605.00

B. Full Name (Last, First, Middle Initial)
Nexus Direct

Mailing Address
2101 Parks Avenue Ste 600

City State Zip Code
Virginia Beach VA 23451

Purpose of Disbursement:
Printing

Category/
Type

Activity or Event Identifier:
PSP11

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

13005.05

Date 01 / 26 / 2011

Transaction ID: H4-152051

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
67.41		67.42		134.83

C. Full Name (Last, First, Middle Initial)
Nexus Direct

Mailing Address
2101 Parks Avenue Ste 600

City State Zip Code
Virginia Beach VA 23451

Purpose of Disbursement:
Printing

Category/
Type

Activity or Event Identifier:
PSP11

Type of Allocated Activity:

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

Allocated Activity or Event Year-To-Date

13479.13

Date 01 / 26 / 2011

Transaction ID: H4-152052

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
237.04		237.04		474.08

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
606.95		606.96		1213.91

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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

NAME OF COMMITTEE (In Full)
EMILY's List

A. Full Name (Last, First, Middle Initial) Nexus Direct			Type of Allocated Activity: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2101 Parks Avenue Ste 600			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">13730.52</div>		
City State Zip Code Virginia Beach VA 23451	<div style="border: 1px solid black; width: 40px; height: 20px; margin: auto;"></div> Category/ Type		Date M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 1 1		
Purpose of Disbursement: PrintingX			Transaction ID: H4-152053		
Activity or Event Identifier: PSP11					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px;">125.69</div>		<div style="border: 1px solid black; padding: 2px;">125.70</div>		<div style="border: 1px solid black; padding: 2px;">251.39</div>

B. Full Name (Last, First, Middle Initial) 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 <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">13776.21</div>		
City State Zip Code Philadelphia PA 19170-0001	<div style="border: 1px solid black; width: 40px; height: 20px; margin: auto;"></div> Category/ Type		Date M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 1 1		
Purpose of Disbursement: Deliveries			Transaction ID: H4-152076		
Activity or Event Identifier: PSP11					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px;">22.84</div>		<div style="border: 1px solid black; padding: 2px;">22.85</div>		<div style="border: 1px solid black; padding: 2px;">45.69</div>

C. Full Name (Last, First, Middle Initial) 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 <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">13891.02</div>		
City State Zip Code Philadelphia PA 19170-0001	<div style="border: 1px solid black; width: 40px; height: 20px; margin: auto;"></div> Category/ Type		Date M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 1 1		
Purpose of Disbursement: Deliveries			Transaction ID: H4-152077		
Activity or Event Identifier: PSP11					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px;">57.40</div>		<div style="border: 1px solid black; padding: 2px;">57.41</div>		<div style="border: 1px solid black; padding: 2px;">114.81</div>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px;">205.93</div>		<div style="border: 1px solid black; padding: 2px;">205.96</div>		<div style="border: 1px solid black; padding: 2px;">411.89</div>

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px;">6945.46</div>	<div style="border: 1px solid black; padding: 2px;">6945.56</div>	<div style="border: 1px solid black; padding: 2px;">13891.02</div>

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

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

FOR LINE NUMBER: (check only one)

PAGE 163 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Bank of America	Transaction ID: SB21B-152220 Date of Disbursement
	Mailing Address 730 15th Street NW	<input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Service Charges	<input type="text" value="42.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B-152217 Date of Disbursement
	Mailing Address 730 15th Street NW	<input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Service Charges	<input type="text" value="4625.20"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Care First Blue Cross Blue Sheild	Transaction ID: SB21B-152026 Date of Disbursement
	Mailing Address PO Box 79749	<input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City Baltimore State MD Zip Code 21279	Amount of Each Disbursement this Period
	Purpose of Disbursement Insurance Health/Life	<input type="text" value="17856.28"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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)	<input type="text" value="22524.43"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 164 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Care First Blue Cross Blue Shield Mailing Address PO Box 79749 City Baltimore State MD Zip Code 21279 Purpose of Disbursement Insurance Health/Life Candidate Name Office Sought: <input type="checkbox"/> House <input 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-152027 Date of Disbursement 01 / 03 / 2011 Amount of Each Disbursement this Period 4639.20 Category/Type
B.	Full Name (Last, First, Middle Initial) Prudential Mailing Address PO Box 945999 City Atlanta State GA Zip Code 30394-5999 Purpose of Disbursement Insurance Health/Life Candidate Name Office Sought: <input type="checkbox"/> House <input 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-151879 Date of Disbursement 01 / 03 / 2011 Amount of Each Disbursement this Period 1732.07 Category/Type
C.	Full Name (Last, First, Middle Initial) Authorize.net Mailing Address 808 East Utah Valley Drive City American Fork State UT Zip Code 84003 Purpose of Disbursement Credit Card Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input 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-152166 Date of Disbursement 01 / 04 / 2011 Amount of Each Disbursement this Period 428.35 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	6799.62
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 165 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) American Express	Transaction ID: SB21B-152167 Date of Disbursement
	Mailing Address P.O. Box 0001	<input type="text" value="01"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Chicago State IL Zip Code 60679	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Service Charges	<input type="text" value="350.94"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) 202 Design	Transaction ID: SB21B-151884 Date of Disbursement
	Mailing Address 3900 Military Road NW	<input type="text" value="01"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20015	Amount of Each Disbursement this Period
	Purpose of Disbursement Design/Graphics	<input type="text" value="1215.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B-151885 Date of Disbursement
	Mailing Address 401 N Washington St Suite 200	<input type="text" value="01"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Rockville State MD Zip Code 20850	Amount of Each Disbursement this Period
	Purpose of Disbursement Taxes - Payroll	<input type="text" value="127.20"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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)	<input type="text" value="1693.14"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 166 / 295

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

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A.</p> <p>Full Name (Last, First, Middle Initial) AP Wide World Photos</p> <p>Mailing Address P.O. Box 414262</p> <p>City Boston State MA Zip Code 02241</p> <p>Purpose of Disbursement Design/Graphics</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151886</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="175.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Benjamin Office Supply</p> <p>Mailing Address 760 East Gude Drive</p> <p>City Rockville State MD Zip Code 20850</p> <p>Purpose of Disbursement Office Supplies Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151887</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.76"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Broadview Networks</p> <p>Mailing Address P.O. Box 9242</p> <p>City Uniondale State NY Zip Code 11555</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151888</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="837.17"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1037.93"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER: (check only one)

PAGE 167 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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

A.	Full Name (Last, First, Middle Initial) Colonial Parking, Inc. <hr/> Mailing Address 1050 Thomas Jefferson St., NW #100 <hr/> City Washington State DC Zip Code 20007 <hr/> Purpose of Disbursement Parking Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-151889 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 1549.97
B.	Full Name (Last, First, Middle Initial) CustomScoop <hr/> Mailing Address PO Box 609 <hr/> City Concord State NH Zip Code 03302 <hr/> Purpose of Disbursement Publication & Dues Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-151890 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 750.00
C.	Full Name (Last, First, Middle Initial) Deer ParkSpring Water Processing Center <hr/> Mailing Address P.O. Box 856192 <hr/> City Louisville State KY Zip Code 40285 <hr/> Purpose of Disbursement Office Supplies Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-151891 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 219.80

SUBTOTAL of Disbursements This Page (optional) ▶

2519.77

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 168 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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

A.	Full Name (Last, First, Middle Initial) Diverse Office Solutions	Transaction ID: SB21B-151892 Date of Disbursement
	Mailing Address 9228 Gaither Road	<input type="text" value="01"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
	City Gaithersburg State MD Zip Code 20877	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies Expenses	<input type="text" value="8.58"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Diverse Office Solutions	Transaction ID: SB21B-151893 Date of Disbursement
	Mailing Address 9228 Gaither Road	<input type="text" value="01"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
	City Gaithersburg State MD Zip Code 20877	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies Expenses	<input type="text" value="13.73"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DMAW Direct Marketing Assoc. of Was	Transaction ID: SB21B-151894 Date of Disbursement
	Mailing Address 11709 Bowman Green Drive	<input type="text" value="01"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
	City Reston State VA Zip Code 20190	Amount of Each Disbursement this Period
	Purpose of Disbursement Publication & Dues	<input type="text" value="1200.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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)	<input type="text" value="1222.31"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 169 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Federal Express	Transaction ID: SB21B-151896 Date of Disbursement																			
	Mailing Address P. O. Box 371461	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
	City Pittsburg State PA Zip Code 15250-7461	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Deliveries	<table border="1"><tr><td>28.61</td></tr></table>	28.61																		
28.61																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Ikon Financial Services	Transaction ID: SB21B-151897 Date of Disbursement																			
	Mailing Address PO Box 41564	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
	City Philadelphia State PA Zip Code 19101	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Copying/Faxing	<table border="1"><tr><td>2000.22</td></tr></table>	2000.22																		
2000.22																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Integral Resources Inc.	Transaction ID: SB21B-151898 Date of Disbursement																			
	Mailing Address 1972 Massachusetts 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>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
	City Cambridge State MA Zip Code 02140	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Phone Banks	<table border="1"><tr><td>29852.45</td></tr></table>	29852.45																		
29852.45																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input 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)	<table border="1"><tr><td>31881.28</td></tr></table>	31881.28
31881.28		
TOTAL 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)

PAGE 170 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) JIB Monitoring Center	Transaction ID: SB21B-151899 Date of Disbursement
	Mailing Address 1120 Connecticut Avenue, NW Suite 1200	<input type="text" value="01"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Building Utilities & Fees	<input type="text" value="52.50"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JIB Monitoring Center	Transaction ID: SB21B-151900 Date of Disbursement
	Mailing Address 1120 Connecticut Avenue, NW Suite 1200	<input type="text" value="01"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Building Utilities & Fees	<input type="text" value="236.40"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Superior Building Services Inc JIB Service Group	Transaction ID: SB21B-151901 Date of Disbursement
	Mailing Address 1120 Connecticut Ave, NW Ste 1200	<input type="text" value="01"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Building Utilities & Fees	<input type="text" value="1147.45"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1436.35"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Nexus Direct Mailing Address 2101 Parks Avenue Ste 600 City Virginia Beach State VA Zip Code 23451 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) ▼	Transaction ID: SB21B-151902 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 1 1 Amount of Each Disbursement this Period 5250.00
B.	Full Name (Last, First, Middle Initial) Nexus Direct Mailing Address 2101 Parks Avenue Ste 600 City Virginia Beach State VA Zip Code 23451 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) ▼	Transaction ID: SB21B-151903 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 1 1 Amount of Each Disbursement this Period 10750.00
C.	Full Name (Last, First, Middle Initial) Nexus Direct Mailing Address 2101 Parks Avenue Ste 600 City Virginia Beach State VA Zip Code 23451 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) ▼	Transaction ID: SB21B-151904 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 1 1 Amount of Each Disbursement this Period 1409.64

SUBTOTAL of Disbursements This Page (optional)	17409.64
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 172 / 295

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

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Plus Three, LP</p> <p>Mailing Address P.O. Box 971</p> <p>City New York State NY Zip Code 10274</p> <p>Purpose of Disbursement Data Management</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151905</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="18519.95"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Plus Three, LP</p> <p>Mailing Address P.O. Box 971</p> <p>City New York State NY Zip Code 10274</p> <p>Purpose of Disbursement Media -Generic Mail/TV/Radio</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151906</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Production Solutions, Inc.</p> <p>Mailing Address 1953 Gallows Road Suite 600</p> <p>City Vienna State VA Zip Code 22182</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151907</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1036.35"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="24556.30"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 173 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) US Postmaster	Transaction ID: SB21B-151908 Date of Disbursement
	Mailing Address 1400 L Street NW	<input type="text" value="01"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="1040.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ActBlue Technical Services	Transaction ID: SB21B-152169 Date of Disbursement
	Mailing Address 14 Arrow Street	<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
	City Cambridge State MA Zip Code 02138	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Service Charges	<input type="text" value="2.77"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B-152172 Date of Disbursement
	Mailing Address 730 15th Street NW	<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Charges	<input type="text" value="38.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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)	<input type="text" value="1080.77"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 174 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Aramark Refreshment Services <hr/> Mailing Address 8420 Stayton Drive, Ste. N <hr/> City Jessup State MD Zip Code 20794 <hr/> Purpose of Disbursement Office Supplies Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-151910 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1	Amount of Each Disbursement this Period 237.32
B.	Full Name (Last, First, Middle Initial) Benjamin Office Supply <hr/> Mailing Address 760 East Gude Drive <hr/> City Rockville State MD Zip Code 20850 <hr/> Purpose of Disbursement Office Supplies Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-151911 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1	Amount of Each Disbursement this Period 164.62
C.	Full Name (Last, First, Middle Initial) Benjamin Office Supply <hr/> Mailing Address 760 East Gude Drive <hr/> City Rockville State MD Zip Code 20850 <hr/> Purpose of Disbursement Office Supplies Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-151912 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1	Amount of Each Disbursement this Period 36.42

SUBTOTAL of Disbursements This Page (optional)	438.36
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)

PAGE 175 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Broadview Networks <hr/> Mailing Address P.O. Box 9242 <hr/> City Uniondale State NY Zip Code 11555 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-151913 Date of Disbursement 01 / 13 / 2011 <hr/> Amount of Each Disbursement this Period 857.99
B.	Full Name (Last, First, Middle Initial) Cambridge Transportation <hr/> Mailing Address 36392 Treasury Center <hr/> City Chicago State IL Zip Code 60694-6300 <hr/> Purpose of Disbursement Insurance General Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-151914 Date of Disbursement 01 / 13 / 2011 <hr/> Amount of Each Disbursement this Period 8.00
C.	Full Name (Last, First, Middle Initial) Diverse Office Solutions <hr/> Mailing Address 9228 Gaither Road <hr/> City Gaithersburg State MD Zip Code 20877 <hr/> Purpose of Disbursement Office Supplies Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-151915 Date of Disbursement 01 / 13 / 2011 <hr/> Amount of Each Disbursement this Period 120.81

SUBTOTAL of Disbursements This Page (optional) ▶

986.80

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 176 / 295

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

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A.</p> <p>Full Name (Last, First, Middle Initial) General Systems Corporation</p> <p>Mailing Address 8306-D Old Courthouse Road</p> <p>City Vienna State VA Zip Code 22182</p> <p>Purpose of Disbursement Computer Programming</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151917</p> <p>Date of Disbursement 01 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 264.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) General Systems Corporation</p> <p>Mailing Address 8306-D Old Courthouse Road</p> <p>City Vienna State VA Zip Code 22182</p> <p>Purpose of Disbursement Computer Support</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151918</p> <p>Date of Disbursement 01 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 576.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) General Systems Corporation</p> <p>Mailing Address 8306-D Old Courthouse Road</p> <p>City Vienna State VA Zip Code 22182</p> <p>Purpose of Disbursement ComputerSupport</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151919</p> <p>Date of Disbursement 01 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 48.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

888.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 177 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Gilbert & Wolfand	Transaction ID: SB21B-151920 Date of Disbursement 01 / 13 / 2011
	Mailing Address Suite 320 2201 Wisconsin Ave., NW	Amount of Each Disbursement this Period 7500.00
	City Washington, State DC Zip Code 20007	
	Purpose of Disbursement Accounting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ikon Financial Services	Transaction ID: SB21B-151922 Date of Disbursement 01 / 13 / 2011
	Mailing Address PO Box 41564	Amount of Each Disbursement this Period 2100.22
	City Philadelphia, State PA Zip Code 19101	
	Purpose of Disbursement Equipment Rental Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Iron Mountain	Transaction ID: SB21B-151923 Date of Disbursement 01 / 13 / 2011
	Mailing Address P O Box 27128	Amount of Each Disbursement this Period 612.96
	City New York, State NY Zip Code 10087	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	10213.18
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 178 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Ray Keating Mailing Address 816 Lucky Rd City Severn State MD Zip Code 21144 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-151924 Date of Disbursement 01 / 13 / 2011 Amount of Each Disbursement this Period 38.00 See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) Commuter Check Corp-Bay Area Mailing Address 451 Lakeview St. City Lake Lillian State MN Zip Code 56253 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-151924-10000 Date of Disbursement 01 / 13 / 2011 Amount of Each Disbursement this Period 38.00 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Hilary Nachem Mailing Address 514 Second Street, SE Apt 1 City Washington State DC Zip Code 20003 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-151925 Date of Disbursement 01 / 13 / 2011 Amount of Each Disbursement this Period 150.00 See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

188.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 179 / 295

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

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) Sprint</p> <p>Mailing Address P.O. Box 88026</p> <p>City Chicago State IL Zip Code 60680-1206</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151925-10000 Date of Disbursement 01 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 150.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Nexus Direct</p> <p>Mailing Address 2101 Parks Avenue Ste 600</p> <p>City Virginia Beach State VA Zip Code 23451</p> <p>Purpose of Disbursement Postage Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151926 Date of Disbursement 01 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 59500.00</p>
<p>C. Full Name (Last, First, Middle Initial) NGP Software Inc</p> <p>Mailing Address 1225 Eye Street, NW Suite 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Computer Services Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151927 Date of Disbursement 01 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

62500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 180 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Production Solutions, Inc. Mailing Address 1953 Gallows Road Suite 600 City Vienna State VA Zip Code 22182 Purpose of Disbursement Deliveries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-151928 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1 Amount of Each Disbursement this Period 203.40
B.	Full Name (Last, First, Middle Initial) Production Solutions, Inc. Mailing Address 1953 Gallows Road Suite 600 City Vienna State VA Zip Code 22182 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input 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-151929 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1 Amount of Each Disbursement this Period 3533.65
C.	Full Name (Last, First, Middle Initial) Production Solutions, Inc. Mailing Address 1953 Gallows Road Suite 600 City Vienna State VA Zip Code 22182 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input 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-151930 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1 Amount of Each Disbursement this Period -131.27

SUBTOTAL of Disbursements This Page (optional) ▶

3605.78

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 181 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Production Solutions, Inc. Mailing Address 1953 Gallows Road Suite 600 City Vienna State VA Zip Code 22182 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input 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-151931 Date of Disbursement 01 / 13 / 2011 Amount of Each Disbursement this Period 14723.50 Category/ Type
B.	Full Name (Last, First, Middle Initial) Sheads & Associates, Ltd. Mailing Address Prince William Square 303 Post Office Rd. Bldg A City Waldorf State MD Zip Code 20602 Purpose of Disbursement Contribution Processing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-151936 Date of Disbursement 01 / 13 / 2011 Amount of Each Disbursement this Period 2816.95 Category/ Type
C.	Full Name (Last, First, Middle Initial) United Parcel Service Mailing Address P. O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Deliveries Candidate Name Office Sought: <input type="checkbox"/> House <input 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-151938 Date of Disbursement 01 / 13 / 2011 Amount of Each Disbursement this Period 57.72 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

17598.17

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 182 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) United Parcel Service	Transaction ID: SB21B-151939 Date of Disbursement
	Mailing Address P. O. Box 7247-0244	<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City Philadelphia State PA Zip Code 19170-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement Deliveries	<input type="text" value="50.57"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) United Parcel Service	Transaction ID: SB21B-151940 Date of Disbursement
	Mailing Address P. O. Box 7247-0244	<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City Philadelphia State PA Zip Code 19170-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement Deliveries	<input type="text" value="19.07"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) United Parcel Service	Transaction ID: SB21B-151941 Date of Disbursement
	Mailing Address P. O. Box 7247-0244	<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City Philadelphia State PA Zip Code 19170-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement Deliveries	<input type="text" value="25.87"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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)	<input type="text" value="95.51"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 183 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Voter Activation Network LLC <hr/> Mailing Address 48 Grove Street Suite 202 <hr/> City Somerville State MA Zip Code 02144 <hr/> Purpose of Disbursement Publication & Dues Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-151942 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 1500.00
B.	Full Name (Last, First, Middle Initial) Working Assets Long Distance <hr/> Mailing Address PO Box 480011 <hr/> City Atlanta State GA Zip Code 30346 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-151943 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 19.36
C.	Full Name (Last, First, Middle Initial) Working Assets Long Distance <hr/> Mailing Address PO Box 480011 <hr/> City Atlanta State GA Zip Code 30346 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-151944 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 509.71

SUBTOTAL of Disbursements This Page (optional) ▶	2029.07
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.	Full Name (Last, First, Middle Initial) DC Treasurer	Transaction ID: SB21B-151945 Date of Disbursement
	Mailing Address Office of Tax and Revenue P.O. Box 96384	<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20090-6384	Amount of Each Disbursement this Period
	Purpose of Disbursement Taxes - Sales & Use	<input type="text" value="698.19"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kimberly Coleman	Transaction ID: SB21B-152080 Date of Disbursement
	Mailing Address 2151 California Street NW Apt 102	<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period
	Purpose of Disbursement Salaries	<input type="text" value="1675.03"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Caroline Fines	Transaction ID: SB21B-152081 Date of Disbursement
	Mailing Address 10621 Regent Park Court	<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City Fairfax State VA Zip Code 22030	Amount of Each Disbursement this Period
	Purpose of Disbursement Salaries	<input type="text" value="2283.42"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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)	<input type="text" value="4656.64"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

PAGE 185 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Amy Dacey	Transaction ID: SB21B-152082 Date of Disbursement 01 / 13 / 2011
	Mailing Address 4200 Cathedral Ave., NW #718	Amount of Each Disbursement this Period 5061.41
	City Washington State DC Zip Code 20016	
	Purpose of Disbursement Salaries Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Lindsay Hicks	Transaction ID: SB21B-152083 Date of Disbursement 01 / 13 / 2011
	Mailing Address 2757 S Glebe Road #410	Amount of Each Disbursement this Period 945.54
	City Arlington State VA Zip Code 22206	
	Purpose of Disbursement Salaries Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ellen R Malcolm	Transaction ID: SB21B-152084 Date of Disbursement 01 / 13 / 2011
	Mailing Address 5060 Linnean Avenue, NW	Amount of Each Disbursement this Period 838.76
	City Washington, State DC Zip Code 20008	
	Purpose of Disbursement Salaries Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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)	▶	6845.71
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 186 / 295

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

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Brew McKenna</p> <p>Mailing Address 1513 Crofton Parkway</p> <p>City Crofton State MD Zip Code 21114</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152085</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1569.30"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Stephanie Schriock</p> <p>Mailing Address 3225 Valley Drive</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152086</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4920.58"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sandra Bishop</p> <p>Mailing Address 2901 16th Street, NW #304</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152087</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2852.34"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 187 / 295

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

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) Hilary Nachem</p> <p>Mailing Address 514 Second Street, SE Apt 1</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152088</p> <p>Date of Disbursement 01 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 1101.85</p>
<p>B. Full Name (Last, First, Middle Initial) Orren Saltzman</p> <p>Mailing Address 1120 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152089</p> <p>Date of Disbursement 01 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 1246.59</p>
<p>C. Full Name (Last, First, Middle Initial) Nicole Vance</p> <p>Mailing Address 1302 Massachusetts Avenue, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152090</p> <p>Date of Disbursement 01 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 1080.03</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3428.47

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 188 / 295

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

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) Angelique Cannon</p> <p>Mailing Address 7209 Flower Tuft Court</p> <p>City Springfield State VA Zip Code 22153</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152091</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3876.16"/></p>
<p>B. Full Name (Last, First, Middle Initial) Brinda Dasharathy</p> <p>Mailing Address 4301 Massachusetts Avenue NW Apt 4008</p> <p>City Washington State DC Zip Code 20015</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152092</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="769.75"/></p>
<p>C. Full Name (Last, First, Middle Initial) Diane Hamwi</p> <p>Mailing Address 1840 Biltmore Street, NW #10</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152093</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3757.45"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="8403.36"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 189 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Anna Lidman <hr/> Mailing Address 37 Brookview Terrace <hr/> City Portland State ME Zip Code 04102 <hr/> Purpose of Disbursement Salaries Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152094 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 2640.32
B.	Full Name (Last, First, Middle Initial) Ashley Wiers <hr/> Mailing Address 1301 M Street NW #1023 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Salaries Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152095 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 981.85
C.	Full Name (Last, First, Middle Initial) Emily Wurgaft <hr/> Mailing Address 30 Charlton St #3H <hr/> City New York State NY Zip Code 10014 <hr/> Purpose of Disbursement Salaries Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152096 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 2896.87

SUBTOTAL of Disbursements This Page (optional) ▶

6519.04

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 190 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Emilia Griswold	Transaction ID: SB21B-152097 Date of Disbursement 01 / 13 / 2011
	Mailing Address 2400 16th Street, NW Apt 320	Amount of Each Disbursement this Period 1731.71
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Salaries Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Emily Lockwood	Transaction ID: SB21B-152098 Date of Disbursement 01 / 13 / 2011
	Mailing Address 1275 S. Corona Street	Amount of Each Disbursement this Period 2628.68
	City Denver State CO Zip Code 80210	
	Purpose of Disbursement Salaries Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Lisa McIntire	Transaction ID: SB21B-152099 Date of Disbursement 01 / 13 / 2011
	Mailing Address 1600 16th Street, NW Apt 301	Amount of Each Disbursement this Period 1814.69
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Salaries Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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)	6175.08
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 191 / 295

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

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) Jeanne Duncan</p> <p>Mailing Address 1633 NE Going Street</p> <p>City Portland State OR Zip Code 97211</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152100</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2653.82"/></p>
<p>B. Full Name (Last, First, Middle Initial) Jessica McIntosh</p> <p>Mailing Address 1700 Kalorama Road #404</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152101</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2303.43"/></p>
<p>C. Full Name (Last, First, Middle Initial) Emma Shapiro</p> <p>Mailing Address 201 I Street NE Apt 724</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152102</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="915.55"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 192 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Laura Cederberg <hr/> Mailing Address 1841 Columbia Road #808 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Salaries Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152103 Date of Disbursement 01 / 13 / 2011	Amount of Each Disbursement this Period 2102.77
B.	Full Name (Last, First, Middle Initial) Matthew Burgess <hr/> Mailing Address 1708 Newton Street NW Apt 105 <hr/> City Washington State DC Zip Code 20010 <hr/> Purpose of Disbursement Salaries Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152104 Date of Disbursement 01 / 13 / 2011	Amount of Each Disbursement this Period 2457.46
C.	Full Name (Last, First, Middle Initial) Denise Feriozzi <hr/> Mailing Address 1678 A Euclid St. NW <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Salaries Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152142 Date of Disbursement 01 / 13 / 2011	Amount of Each Disbursement this Period 2764.68

SUBTOTAL of Disbursements This Page (optional) ▶

7324.91

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 193 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Emily Campbell	Transaction ID: SB21B-152105 Date of Disbursement 01 / 13 / 2011
	Mailing Address 109 Duncan St	Amount of Each Disbursement this Period 2527.78
	City San Francisco State CA Zip Code 94110	
	Purpose of Disbursement Salaries Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bryce Marable	Transaction ID: SB21B-152143 Date of Disbursement 01 / 13 / 2011
	Mailing Address 1201 E Kearney	Amount of Each Disbursement this Period 988.85
	City Washington State DC Zip Code 20017	
	Purpose of Disbursement Salaries Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Leigh Warren	Transaction ID: SB21B-152106 Date of Disbursement 01 / 13 / 2011
	Mailing Address 3109 Patrick Henry Drive #623	Amount of Each Disbursement this Period 2534.16
	City Falls Church State VA Zip Code 20444	
	Purpose of Disbursement Salaries Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ► 6050.79

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.	Full Name (Last, First, Middle Initial) Kathleen Coyne-McCoy Mailing Address 267 Gleaner Chapel Road City North Scituate State RI Zip Code 02857 Purpose of Disbursement Salaries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-152158 Date of Disbursement 01 / 13 / 2011 Amount of Each Disbursement this Period 2556.29 Category/Type
B.	Full Name (Last, First, Middle Initial) Yvonne Williams Mailing Address 5412 Bradford Ct. #231 City Alexandria State VA Zip Code 22311 Purpose of Disbursement Salaries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-152107 Date of Disbursement 01 / 13 / 2011 Amount of Each Disbursement this Period 1588.55 Category/Type
C.	Full Name (Last, First, Middle Initial) Laura Fruge Mailing Address 420 Oklahoma Avenue, NE #102 City Washington State DC Zip Code 20002 Purpose of Disbursement Salaries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-152144 Date of Disbursement 01 / 13 / 2011 Amount of Each Disbursement this Period 2648.93 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

6793.77

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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)
SaBrina Brown

Transaction ID: SB21B-152108
Date of Disbursement

Mailing Address 3730 5th St.

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

City North Beach State MD Zip Code 20714

Amount of Each Disbursement this Period

Purpose of Disbursement Salaries

3156.33

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Jonathan Parker

Transaction ID: SB21B-152145
Date of Disbursement

Mailing Address 1611 Hobart Street NW

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

City Washington State DC Zip Code 20009

Amount of Each Disbursement this Period

Purpose of Disbursement Salaries

3560.13

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Lesbia Cajchun

Transaction ID: SB21B-152109
Date of Disbursement

Mailing Address 2902 Kings Chapel Rd, #7

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

City Falls Church State VA Zip Code 22042

Amount of Each Disbursement this Period

Purpose of Disbursement Salaries

1927.23

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

8643.69

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 196 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Julie Petrick Mailing Address 834 11th Street, NE City Washington State DC Zip Code 20002 Purpose of Disbursement Salaries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-152146 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1	Amount of Each Disbursement this Period 2536.64
B.	Full Name (Last, First, Middle Initial) Ray Keating Mailing Address 816 Lucky Rd City Severn State MD Zip Code 21144 Purpose of Disbursement Salaries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-152110 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1	Amount of Each Disbursement this Period 2410.88
C.	Full Name (Last, First, Middle Initial) Mary Jane Volk Mailing Address 541 E. Nelson Avenue City Alexandria State VA Zip Code 22301 Purpose of Disbursement Salaries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-152147 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 1 1	Amount of Each Disbursement this Period 2437.39

SUBTOTAL of Disbursements This Page (optional)	7384.91
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

PAGE 197 / 295

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

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Muthoni Wambu</p> <p>Mailing Address 928 Stubblefield Lane</p> <p>City Baltimore State MD Zip Code 21202</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152111</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2641.84"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 401 N Washington St Suite 200</p> <p>City Rockville State MD Zip Code 20850</p> <p>Purpose of Disbursement Taxes-Payroll</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152160</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="41666.32"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 401 N Washington St Suite 200</p> <p>City Rockville State MD Zip Code 20850</p> <p>Purpose of Disbursement Taxes - Payroll</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152161</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="13888.26"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

58196.42

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 198 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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)
Jen Bluestein Lamb

Mailing Address 5617 N. 23rd Street

City Arlington State VA Zip Code 22205

Purpose of Disbursement Salaries

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B-152112
Date of Disbursement: 01 / 13 / 2011

Amount of Each Disbursement this Period: 3883.60

Category/Type

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

Mailing Address 401 N Washington St Suite 200

City Rockville State MD Zip Code 20850

Purpose of Disbursement Payroll Service

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B-152171
Date of Disbursement: 01 / 14 / 2011

Amount of Each Disbursement this Period: 50.00

Category/Type

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

Mailing Address 1615 Brett Road Lock Box 7122

City New Castle State DE Zip Code 19720

Purpose of Disbursement Employee Pension/401k

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B-152164
Date of Disbursement: 01 / 18 / 2011

Amount of Each Disbursement this Period: 8955.36

Category/Type

SUBTOTAL of Disbursements This Page (optional) ► 12888.96

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 199 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Bank of America Mailing Address 730 15th Street NW City Washington State DC Zip Code 20005 Purpose of Disbursement Bank Charges Candidate Name Office Sought: <input type="checkbox"/> House <input 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-152173 Date of Disbursement 01 / 18 / 2011 Amount of Each Disbursement this Period 1405.83 Category/Type
B.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address P O BOX 360001 City FT LAUDERDALE State FL Zip Code 33336 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-151964 Date of Disbursement 01 / 20 / 2011 Amount of Each Disbursement this Period 50.00 See Attached Memo Entry
C.	Full Name (Last, First, Middle Initial) FEDERAL ELECTION COMMISH Mailing Address 999 E STREET N.W. City WASHINGTON State DC Zip Code 20463 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-151964-10000 Date of Disbursement 01 / 20 / 2011 Amount of Each Disbursement this Period 50.00 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

1455.83

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 200 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) AMERICAN EXPRESS Mailing Address P O BOX 360001 City FT LAUDERDALE State FL Zip Code 33336 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input 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-151965 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 25.73 See Attached Memo Entry

B. Full Name (Last, First, Middle Initial) STARBUCKS 7281 1734L STRE Mailing Address 1734 L ST NW City WASHINGTON State DC Zip Code 20036-5406 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-151965-10000 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 25.73 [MEMO ITEM] Memo Entry

C. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 360001 City Fort Lauderdale State FL Zip Code 33336 Purpose of Disbursement Office Supplies Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input 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-151966 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 39.00 See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	64.73
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) American Express Mailing Address PO Box 360001 City Ft. Lauderdale State FL Zip Code 33336 Purpose of Disbursement Office Supplies Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-151966-10000 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 39.00 [MEMO ITEM] Memo Entry

B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 360001 City Fort Lauderdale State FL Zip Code 33336 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-151967 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 19.07 See Attached Memo Entry

C. Full Name (Last, First, Middle Initial) THE UPS STORE # 5074 Mailing Address 5633 US HIGHWAY 10 E STE City STEVENS POINT State WI Zip Code 54482-8558 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-151967-10000 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 4.75 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	19.07
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 202 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) THE UPS STORE #1594 Mailing Address 816 ELM ST. City MANCHESTER State NH Zip Code 03101 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-151967-20000 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 14.32 [MEMO ITEM] Memo Entry

B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 360001 City Fort Lauderdale State FL Zip Code 33336 Purpose of Disbursement Publication & Dues Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-151968 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 19.95 See Attached Memo Entry

C. Full Name (Last, First, Middle Initial) RASMUSSENREPORTS.COM Mailing Address 28 BATH AVE City ASBURY PARK State NJ Zip Code 07756-1638 Purpose of Disbursement Publication & Dues Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-151968-10000 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 19.95 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	19.95
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 203 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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)
American Express

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement Telephone
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B-151969
Date of Disbursement: 01 / 20 / 2011

Amount of Each Disbursement this Period: 15.03

Category/Type

See Attached Memo Entry

B. Full Name (Last, First, Middle Initial)
WWW.ACCESSLINE.COM

Mailing Address 11201 SE 8TH ST STE 200

City Bellevue State WA Zip Code 98004-6420

Purpose of Disbursement Telephone
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B-151969-10000
Date of Disbursement: 01 / 20 / 2011

Amount of Each Disbursement this Period: 15.03

Category/Type

[MEMO ITEM]
Memo Entry

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

Mailing Address PO Box 360001

City Ft. Lauderdale State FL Zip Code 33336

Purpose of Disbursement Office Supplies Expenses
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B-151970
Date of Disbursement: 01 / 20 / 2011

Amount of Each Disbursement this Period: 190.14

Category/Type

See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional) ► 205.17

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 204 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) BORDERS BOOKS & MUSIC 50	Transaction ID: SB21B-151970-10000
	Mailing Address ATTN OFFICE SUPERVISOR	Date of Disbursement 01 / 20 / 2011
	City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period 3.52
	Purpose of Disbursement Office Supplies Expenses	[MEMO ITEM] 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.	Full Name (Last, First, Middle Initial) BORDERS BOOKS & MUSIC 50	Transaction ID: SB21B-151970-20000
	Mailing Address ATTN OFFICE SUPERVISOR	Date of Disbursement 01 / 20 / 2011
	City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period 14.76
	Purpose of Disbursement Office Supplies Expenses	[MEMO ITEM] 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:	

C.	Full Name (Last, First, Middle Initial) CVS PHARMACY 6069	Transaction ID: SB21B-151970-30000
	Mailing Address 1101 CONNECTICUT AVE NW	Date of Disbursement 01 / 20 / 2011
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period 169.75
	Purpose of Disbursement Office Supplies Expenses	[MEMO ITEM] 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:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 205 / 295

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

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) JR CIGAR</p> <p>Mailing Address 1730 L ST NW</p> <p>City WASHINGTON State DC Zip Code 20036-5406</p> <p>Purpose of Disbursement Office Supplies Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151970-40000</p> <p>Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 2.11</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 360001</p> <p>City Ft. Lauderdale State FL Zip Code 33336</p> <p>Purpose of Disbursement Parking Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151971</p> <p>Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 15.00</p> <p>See Attached Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) PMI</p> <p>Mailing Address 1140 CONNECTICUT AVE NW</p> <p>City WASHINGTON State DC Zip Code 20036-4001</p> <p>Purpose of Disbursement Parking Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151971-10000</p> <p>Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 15.00</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	15.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 206 / 295

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

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 360001</p> <p>City Ft. Lauderdale State FL Zip Code 33336</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151972</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="111.09"/></p> <p>See Attached Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CAPITAL</p> <p>Mailing Address 900 BRENTWOOD RD NE</p> <p>City WASHINGTON State DC Zip Code 20066</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151972-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="88.00"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CAPITAL</p> <p>Mailing Address 900 BRENTWOOD RD NE</p> <p>City WASHINGTON State DC Zip Code 20066</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151972-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.25"/></p> <p>[MEMO ITEM] Memo Entry</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="111.09"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER: (check only one)

PAGE 207 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) USPS/WASHINGTON SQ STA Mailing Address 1050 CONNECTICUT AVE NW City WASHINGTON State DC Zip Code 20035 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-151972-30000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 15.84 [MEMO ITEM] Memo Entry

B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 360001 City Ft. Lauderdale State FL Zip Code 33336 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-151973 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 271.81 See Attached Memo Entry

C. Full Name (Last, First, Middle Initial) AU BON PAIN CAFE#127 Mailing Address 1724 L ST NW City WASHINGTON State DC Zip Code 20036-5406 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-151973-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 22.31 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	271.81
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

PAGE 208 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) 19TH & L-CORNER BAKERY	Transaction ID: SB21B-151973-20000
	Mailing Address 1828 L ST NW	Date of Disbursement MM / DD / YYYY 01 / 20 / 2011
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period 97.50
	Purpose of Disbursement Travel/Accommodation /Meals	[MEMO ITEM] 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.	Full Name (Last, First, Middle Initial) 19TH & L-CORNER BAKERY	Transaction ID: SB21B-151973-30000
	Mailing Address 1828 L ST NW	Date of Disbursement MM / DD / YYYY 01 / 20 / 2011
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period 152.00
	Purpose of Disbursement Travel/Accommodation /Meals	[MEMO ITEM] 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) ▼	

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B-151974
	Mailing Address PO Box 360001	Date of Disbursement MM / DD / YYYY 01 / 20 / 2011
	City Ft. Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period 76.75
	Purpose of Disbursement Office Supplies Expenses	See Attached Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	76.75
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

PAGE 209 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) American Express	Transaction ID: SB21B-151974-10000 Date of Disbursement																			
	Mailing Address PO Box 360001	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	6		2	0	1	0												
	City Ft. Lauderdale State FL Zip Code 33333	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Office Supplies Expenses	<table border="1"><tr><td>39.00</td></tr></table>	39.00																		
39.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		[MEMO ITEM] Memo Entry																			

B.	Full Name (Last, First, Middle Initial) SAFEWAY 0923	Transaction ID: SB21B-151974-20000 Date of Disbursement																			
	Mailing Address 1701 CORCORAN ST 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>1</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	6		2	0	1	0												
	City WASHINGTON State DC Zip Code 20009-2405	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Office Supplies Expenses	<table border="1"><tr><td>25.98</td></tr></table>	25.98																		
25.98																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		[MEMO ITEM] Memo Entry																			

C.	Full Name (Last, First, Middle Initial) CVS PHARMACY 6069	Transaction ID: SB21B-151974-30000 Date of Disbursement																			
	Mailing Address 1101 CONNECTICUT AVE 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>1</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	6		2	0	1	0												
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Office Supplies Expenses	<table border="1"><tr><td>5.93</td></tr></table>	5.93																		
5.93																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		[MEMO ITEM] Memo Entry																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
TOTAL 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)

PAGE 210 / 295

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

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) CHOCOLATE MOOSE, INC.</p> <p>Mailing Address 1743 L ST NW</p> <p>City WASHINGTON State DC Zip Code 20036-5404</p> <p>Purpose of Disbursement Office Supplies Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151974-40000 Date of Disbursement 12 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5.84</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 360001</p> <p>City Ft. Lauderdale State FL Zip Code 33336</p> <p>Purpose of Disbursement Parking Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151975 Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 60.00</p> <p>See Attached Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) PMI</p> <p>Mailing Address 1140 CONNECTICUT AVE NW</p> <p>City WASHINGTON State DC Zip Code 20036-4001</p> <p>Purpose of Disbursement Parking Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151975-10000 Date of Disbursement 12 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 211 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) PMI Mailing Address 1140 CONNECTICUT AVE NW City WASHINGTON State DC Zip Code 20036-4001 Purpose of Disbursement Parking Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-151975-20000 Date of Disbursement 12 / 16 / 2010 Amount of Each Disbursement this Period 15.00 [MEMO ITEM] Memo Entry	
B.	Full Name (Last, First, Middle Initial) PMI Mailing Address 1140 CONNECTICUT AVE NW City WASHINGTON State DC Zip Code 20036-4001 Purpose of Disbursement Parking Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-151975-30000 Date of Disbursement 12 / 16 / 2010 Amount of Each Disbursement this Period 15.00 [MEMO ITEM] Memo Entry	
C.	Full Name (Last, First, Middle Initial) PMI Mailing Address 1140 CONNECTICUT AVE NW City WASHINGTON State DC Zip Code 20036-4001 Purpose of Disbursement Parking Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-151975-40000 Date of Disbursement 12 / 16 / 2010 Amount of Each Disbursement this Period 15.00 [MEMO ITEM] Memo Entry	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) American Express Mailing Address PO Box 360001 City Ft. Lauderdale State FL Zip Code 33336 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-151976 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 531.00 See Attached Memo Entry

B. Full Name (Last, First, Middle Initial) POTBELLY SANDWICH WORKS Mailing Address 1635 CONNECTICUT AVE NW City WASHINGTON State DC Zip Code 20009-1013 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-151976-10000 Date of Disbursement 12 / 16 / 2010
	Amount of Each Disbursement this Period 379.20 [MEMO ITEM] Memo Entry

C. Full Name (Last, First, Middle Initial) TONO SUSHI RESTAURANT Mailing Address 2605 CONNECTICUT AVE NW City WASHINGTON State DC Zip Code 20008 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-151976-20000 Date of Disbursement 12 / 16 / 2010
	Amount of Each Disbursement this Period 78.48 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	531.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 213 / 295

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

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) AU BON PAIN CAFE#127</p> <p>Mailing Address 1724 L ST NW</p> <p>City WASHINGTON State DC Zip Code 20036-5406</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151976-30000</p> <p>Date of Disbursement 12 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 8.51</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) STARBUCKS 7281 1734L STRE</p> <p>Mailing Address 1734 L ST NW</p> <p>City WASHINGTON State DC Zip Code 20036-5406</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151976-40000</p> <p>Date of Disbursement 12 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2.31</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) ROCKET BAR</p> <p>Mailing Address 714 7TH ST NW</p> <p>City WASHINGTON State DC Zip Code 20001-3716</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151976-50000</p> <p>Date of Disbursement 12 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 62.50</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 214 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) American Express 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:	Transaction ID: SB21B-151977 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 75.00 See Attached Memo Entry

B. Full Name (Last, First, Middle Initial) DEMOCRATIC GAIN Mailing Address 499 S. CAPITOL STREET, SW City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Publication & Dues Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-151977-10000 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 75.00 [MEMO ITEM] Memo Entry

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 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-151978 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 134.30 See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	209.30
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

PAGE 215 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) FOUNDRING FARMERS DINING Mailing Address 1924 PENNSYLVANIA AVE NW City WASHINGTON State DC Zip Code 20006-3607 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-151978-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 134.30 [MEMO ITEM] Memo Entry

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 Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-151979 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 87.09 See Attached Memo Entry

C. Full Name (Last, First, Middle Initial) CPS OF VIRGINIA INC #455 Mailing Address 455 NEW JERSEY NW 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:	Transaction ID: SB21B-151979-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 16.00 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	87.09
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 216 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) RENAISSANCE HTLS & RESRTS Mailing Address 1127 CONNECTICUT AVE NW City WASHINGTON State DC Zip Code 20036-4301 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-151979-20000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 12.45 [MEMO ITEM] Memo Entry

B. Full Name (Last, First, Middle Initial) RENAISSANCE HTLS & RESRTS Mailing Address 1127 CONNECTICUT AVE NW City WASHINGTON State DC Zip Code 20036-4301 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-151979-30000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 10.49 [MEMO ITEM] Memo Entry

C. Full Name (Last, First, Middle Initial) RENAISSANCE HTLS & RESRTS Mailing Address 1127 CONNECTICUT AVE NW City WASHINGTON State DC Zip Code 20036-4301 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-151979-40000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 48.15 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 217 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) American Express	Transaction ID: SB21B-151982 Date of Disbursement
	Mailing Address Po Box 360001	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City Ft. Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement Catering/Facilities	<input type="text" value="1839.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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.	Full Name (Last, First, Middle Initial) CASA NONA	Transaction ID: SB21B-151982-10000 Date of Disbursement
	Mailing Address 1250 CONECTICUT AVE NW	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Catering/Facilities	<input type="text" value="1839.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B-151983 Date of Disbursement
	Mailing Address Po Box 360001	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City Ft. Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies Expenses	<input type="text" value="100.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1939.50"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 219 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) FACEBOOK ADVERTISING	Transaction ID: SB21B-151984-20000
	Mailing Address 151 UNIVERSITY AVE	Date of Disbursement MM / DD / YYYY 01 / 20 / 2011
	City PALO ALTO State CA Zip Code 94301	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement Online Advertising	[MEMO ITEM] 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.	Full Name (Last, First, Middle Initial) FACEBOOK ADVERTISING	Transaction ID: SB21B-151984-30000
	Mailing Address 151 UNIVERSITY AVE	Date of Disbursement MM / DD / YYYY 01 / 20 / 2011
	City PALO ALTO State CA Zip Code 94301	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement Online Advertising	[MEMO ITEM] 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) ▼	

C.	Full Name (Last, First, Middle Initial) FACEBOOK ADVERTISING	Transaction ID: SB21B-151984-40000
	Mailing Address 151 UNIVERSITY AVE	Date of Disbursement MM / DD / YYYY 01 / 20 / 2011
	City PALO ALTO State CA Zip Code 94301	Amount of Each Disbursement this Period 199.96
	Purpose of Disbursement Online Advertising	[MEMO ITEM] 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 220 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) FACEBOOK ADVERTISING	Transaction ID: SB21B-151984-50000
	Mailing Address 151 UNIVERSITY AVE	Date of Disbursement 01 / 20 / 2011
	City PALO ALTO State CA Zip Code 94301	Amount of Each Disbursement this Period 70.73
	Purpose of Disbursement Online Advertising Candidate Name	[MEMO ITEM] Memo Entry
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) FACEBOOK ADVERTISING	Transaction ID: SB21B-151984-60000
	Mailing Address 151 UNIVERSITY AVE	Date of Disbursement 01 / 20 / 2011
	City PALO ALTO State CA Zip Code 94301	Amount of Each Disbursement this Period 155.43
	Purpose of Disbursement Online Advertising Candidate Name	[MEMO ITEM] Memo Entry
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) FACEBOOK ADVERTISING	Transaction ID: SB21B-151984-70000
	Mailing Address 151 UNIVERSITY AVE	Date of Disbursement 01 / 20 / 2011
	City PALO ALTO State CA Zip Code 94301	Amount of Each Disbursement this Period 96.65
	Purpose of Disbursement Online Advertising Candidate Name	[MEMO ITEM] Memo Entry
	Office Sought: <input type="checkbox"/> House <input 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)	

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

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

FOR LINE NUMBER: (check only one)

PAGE 221 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) FACEBOOK ADVERTISING	Transaction ID: SB21B-151984-80000
	Mailing Address 151 UNIVERSITY AVE	Date of Disbursement 01 / 20 / 2011
	City PALO ALTO State CA Zip Code 94301	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement Online Advertising Candidate Name	[MEMO ITEM] Memo Entry
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) GOOGLE ADWORDS	Transaction ID: SB21B-151984-90000
	Mailing Address 1600 AMPHITHEATRE PKWY	Date of Disbursement 01 / 20 / 2011
	City Mountain View State CA Zip Code 94043-1351	Amount of Each Disbursement this Period 433.97
	Purpose of Disbursement Online Advertising Candidate Name	[MEMO ITEM] Memo Entry
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) GOOGLE ADWORDS	Transaction ID: SB21B-151984-100000
	Mailing Address 1600 AMPHITHEATRE PKWY	Date of Disbursement 01 / 20 / 2011
	City Mountain View State CA Zip Code 94043-1351	Amount of Each Disbursement this Period 62.32
	Purpose of Disbursement Online Advertising Candidate Name	[MEMO ITEM] Memo Entry
	Office Sought: <input type="checkbox"/> House <input 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)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 222 / 295

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

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) GOOGLE ADWORDS</p> <p>Mailing Address 1600 AMPHITHEATRE PKWY</p> <p>City Mountain View State CA Zip Code 94043-1351</p> <p>Purpose of Disbursement Online Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151984-110000</p> <p>Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 237.94</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) GOOGLE ADWORDS</p> <p>Mailing Address 1600 AMPHITHEATRE PKWY</p> <p>City Mountain View State CA Zip Code 94043-1351</p> <p>Purpose of Disbursement Online Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151984-120000</p> <p>Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 250.34</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) GOOGLE ADWORDS</p> <p>Mailing Address 1600 AMPHITHEATRE PKWY</p> <p>City Mountain View State CA Zip Code 94043-1351</p> <p>Purpose of Disbursement Online Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151984-130000</p> <p>Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 201.97</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 223 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) American Express 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) ▼	Transaction ID: SB21B-151985 Date of Disbursement 01 / 20 / 2011 Amount of Each Disbursement this Period 9865.79 See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) CQ ROLL CALL GROUP Mailing Address 1255 22ND ST NW City WASHINGTON State DC Zip Code 20037 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-151985-10000 Date of Disbursement 01 / 20 / 2011 Amount of Each Disbursement this Period 5644.87 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) LEXIS-NEXIS Mailing Address 9393 SPRINGBORO PIKE City Miamisburgh State OH Zip Code 45342-4424 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-151985-20000 Date of Disbursement 01 / 20 / 2011 Amount of Each Disbursement this Period 4220.92 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

9865.79

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) American Express	Transaction ID: SB21B-151986 Date of Disbursement
	Mailing Address Po Box 360001	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City Ft. Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement Local Transportation	<input type="text" value="1159.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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.	Full Name (Last, First, Middle Initial) WA METRO HEADQUARTERS	Transaction ID: SB21B-151986-10000 Date of Disbursement
	Mailing Address 600 5TH ST NW	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20001-2610	Amount of Each Disbursement this Period
	Purpose of Disbursement Local Transportation	<input type="text" value="155.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) WA METRO HEADQUARTERS	Transaction ID: SB21B-151986-20000 Date of Disbursement
	Mailing Address 600 5TH ST NW	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20001-2610	Amount of Each Disbursement this Period
	Purpose of Disbursement Local Transportation	<input type="text" value="276.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1159.50"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

PAGE 225 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) WA METRO HEADQUARTERS	Transaction ID: SB21B-151986-30000
	Mailing Address 600 5TH ST NW	Date of Disbursement 01 / 20 / 2011
	City WASHINGTON State DC Zip Code 20001-2610	Amount of Each Disbursement this Period 130.00
	Purpose of Disbursement Local Transportation Candidate Name	[MEMO ITEM] Memo Entry
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) WA METRO HEADQUARTERS	Transaction ID: SB21B-151986-40000
	Mailing Address 600 5TH ST NW	Date of Disbursement 01 / 20 / 2011
	City WASHINGTON State DC Zip Code 20001-2610	Amount of Each Disbursement this Period 160.00
	Purpose of Disbursement Local Transportation Candidate Name	[MEMO ITEM] Memo Entry
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) WA METRO HEADQUARTERS	Transaction ID: SB21B-151986-50000
	Mailing Address 600 5TH ST NW	Date of Disbursement 01 / 20 / 2011
	City WASHINGTON State DC Zip Code 20001-2610	Amount of Each Disbursement this Period 78.00
	Purpose of Disbursement Local Transportation Candidate Name	[MEMO ITEM] Memo Entry
	Office Sought: <input type="checkbox"/> House <input 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)	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) WA METRO HEADQUARTERS Mailing Address 600 5TH ST NW City WASHINGTON State DC Zip Code 20001-2610 Purpose of Disbursement Local Transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-151986-60000 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 100.00 [MEMO ITEM] Memo Entry

B. Full Name (Last, First, Middle Initial) WA METRO HEADQUARTERS Mailing Address 600 5TH ST NW City WASHINGTON State DC Zip Code 20001-2610 Purpose of Disbursement Local Transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-151986-70000 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 30.00 [MEMO ITEM] Memo Entry

C. Full Name (Last, First, Middle Initial) WA METRO HEADQUARTERS Mailing Address 600 5TH ST NW City WASHINGTON State DC Zip Code 20001-2610 Purpose of Disbursement Local Transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-151986-80000 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 140.00 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 227 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) WA METRO HEADQUARTERS	Transaction ID: SB21B-151986-90000
	Mailing Address 600 5TH ST NW	Date of Disbursement 01 / 20 / 2011
	City WASHINGTON State DC Zip Code 20001-2610	Amount of Each Disbursement this Period 30.00
	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) ▼
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) WA METRO HEADQUARTERS	Transaction ID: SB21B-151986-100000
	Mailing Address 600 5TH ST NW	Date of Disbursement 01 / 20 / 2011
	City WASHINGTON State DC Zip Code 20001-2610	Amount of Each Disbursement this Period 60.00
	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) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B-151987
	Mailing Address Po Box 360001	Date of Disbursement 01 / 20 / 2011
	City Ft. Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period 3637.92
	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) ▼
		See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional)	▶	3637.92
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 228 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) AT&T EASYCHARGE SBUS CA	Transaction ID: SB21B-151987-10000
	Mailing Address 211 S AKARD ST RM 1230	Date of Disbursement 01 / 20 / 2011
	City DALLAS State TX Zip Code 75202-4207	Amount of Each Disbursement this Period 20.64
	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.	Full Name (Last, First, Middle Initial) AT&T EASYCHARGE SBUS CA	Transaction ID: SB21B-151987-20000
	Mailing Address 211 S AKARD ST RM 1230	Date of Disbursement 01 / 20 / 2011
	City DALLAS State TX Zip Code 75202-4207	Amount of Each Disbursement this Period 20.64
	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) ▼
C.	Full Name (Last, First, Middle Initial) AT&T EASYCHARGE SBUS CA	Transaction ID: SB21B-151987-30000
	Mailing Address 211 S AKARD ST RM 1230	Date of Disbursement 01 / 20 / 2011
	City DALLAS State TX Zip Code 75202-4207	Amount of Each Disbursement this Period 117.10
	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) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 229 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) AT&T EASYCHARGE CONS CA	Transaction ID: SB21B-151987-40000
	Mailing Address 211 S AKARD ST RM 1230	Date of Disbursement MM / DD / YYYY 01 / 20 / 2011
	City DALLAS State TX Zip Code 75202-4207	Amount of Each Disbursement this Period 20.64
	Purpose of Disbursement Telephone Candidate Name	[MEMO ITEM] Memo Entry
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) VEPS BAU - DNIS 9395	Transaction ID: SB21B-151987-50000
	Mailing Address 600 HIDDEN RIDGE HQE04N40	Date of Disbursement MM / DD / YYYY 01 / 20 / 2011
	City Irving State TX Zip Code 75015	Amount of Each Disbursement this Period 133.49
	Purpose of Disbursement Telephone Candidate Name	[MEMO ITEM] Memo Entry
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) VEPS BAU - DNIS 9395	Transaction ID: SB21B-151987-60000
	Mailing Address 600 HIDDEN RIDGE HQE04N40	Date of Disbursement MM / DD / YYYY 01 / 20 / 2011
	City Irving State TX Zip Code 75015	Amount of Each Disbursement this Period 132.15
	Purpose of Disbursement Telephone Candidate Name	[MEMO ITEM] Memo Entry
	Office Sought: <input type="checkbox"/> House <input 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) ►

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

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

FOR LINE NUMBER: (check only one)

PAGE 230 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) VERIZON WRLS RCCRNG PMTS Mailing Address 255 PARKSHORE DR City Folsom State CA Zip Code 95630-4716 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-151987-70000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 3193.26 [MEMO ITEM] Memo Entry

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 Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-151988 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 3584.22 See Attached Memo Entry

C. Full Name (Last, First, Middle Initial) AMERICAN AIRLINES E TKT Mailing Address P O BOX 582820-MD-766 City DALLAS State TX Zip Code 74158 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-151988-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 293.80 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	3584.22
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 231 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) EXPEDIA TRAVEL Mailing Address 10190 COVINGTON CROSS DR City Las Vegas State NV Zip Code 89144-7043 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-151988-20000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 839.27 [MEMO ITEM] Memo Entry

B. Full Name (Last, First, Middle Initial) FRONTIER AIRLINES Mailing Address 7001 TOWER RD City TULSA State OK Zip Code 80249-7312 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-151988-30000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 43.00 [MEMO ITEM] Memo Entry

C. Full Name (Last, First, Middle Initial) FRONTIER AIRLINES Mailing Address 7001 TOWER RD City TULSA State OK Zip Code 80249-7312 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-151988-40000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 362.70 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
EMILY's List

A.	Full Name (Last, First, Middle Initial) FRONTIER AIRLINES	Transaction ID: SB21B-151988-50000
	Mailing Address 7001 TOWER RD	Date of Disbursement 01 / 20 / 2011
	City TULSA State OK Zip Code 80249-7312	Amount of Each Disbursement this Period 469.40
	Purpose of Disbursement Travel/Accommodation /Meals	[MEMO ITEM] 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.	Full Name (Last, First, Middle Initial) HOTELS.COM US	Transaction ID: SB21B-151988-60000
	Mailing Address 333 108TH AVE NE	Date of Disbursement 01 / 20 / 2011
	City Bellevue State WA Zip Code 98004	Amount of Each Disbursement this Period 998.28
	Purpose of Disbursement Travel/Accommodation /Meals	[MEMO ITEM] 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:	
C.	Full Name (Last, First, Middle Initial) HOTELS.COM US	Transaction ID: SB21B-151988-70000
	Mailing Address 333 108TH AVE NE	Date of Disbursement 01 / 20 / 2011
	City Bellevue State WA Zip Code 98004	Amount of Each Disbursement this Period 577.77
	Purpose of Disbursement Travel/Accommodation /Meals	[MEMO ITEM] 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:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 233 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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

A.	Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 360001 City Ft. Lauderdale State FL Zip Code 33336 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name Office Sought: <input type="checkbox"/> House <input 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-151989 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1	Amount of Each Disbursement this Period 178.79 See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) 701 RESTAURANT & BAR Mailing Address 701 PENNSYLVANIA AVE NW City WASHINGTON State DC Zip Code 20004-2608 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-151989-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1	Amount of Each Disbursement this Period 62.12 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) EQUINOX Mailing Address 818 CONNECTICT AVE NW # 1 City WASHINGTON State DC Zip Code 20006-2702 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-151989-20000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1	Amount of Each Disbursement this Period 116.67 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

178.79

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 234 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) American Express Mailing Address PO Box 360001 City Ft. Lauderdale State FL Zip Code 33336-0001 Purpose of Disbursement Computer Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-151991 Date of Disbursement 01 / 20 / 2011 Amount of Each Disbursement this Period 9.99 See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) YOU SENDIT INC Mailing Address THIRD FLOOR City PALO ALTO State CA Zip Code 95008-2220 Purpose of Disbursement Computer Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-151991-10000 Date of Disbursement 01 / 20 / 2011 Amount of Each Disbursement this Period 9.99 [MEMO ITEM] Memo Entry
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 Candidate Name Office Sought: <input type="checkbox"/> House <input 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-151992 Date of Disbursement 01 / 20 / 2011 Amount of Each Disbursement this Period 90.43 See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

100.42

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 235 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) LUPE Mailing Address 1214-C 18TH ST NW City WASHINGTON State DC Zip Code 20036 Purpose of Disbursement Travel/Accommodation /Meals Candidate Name	Transaction ID: SB21B-151992-10000 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 90.43 [MEMO ITEM] Memo Entry
Office Sought: <input type="checkbox"/> House <input 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. Full Name (Last, First, Middle Initial) American Express Mailing Address Suite 0001 City Chicago State IL Zip Code 60679-0001 Purpose of Disbursement Parking Fees Candidate Name	Transaction ID: SB21B-151993 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 75.00 See Attached Memo Entry
Office Sought: <input type="checkbox"/> House <input 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

C. Full Name (Last, First, Middle Initial) PARKING MANAGEMENT, INC Mailing Address 1725 DESALES ST NW City WASHINGTON State DC Zip Code 20036-4406 Purpose of Disbursement Parking Fees Candidate Name	Transaction ID: SB21B-151993-10000 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 75.00 [MEMO ITEM] Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 236 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) American Express Mailing Address P.O. Box 1270 City Newark State NJ Zip Code 07101-1270 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) ▼	Transaction ID: SB21B-151997 Date of Disbursement 01 / 20 / 2011 Amount of Each Disbursement this Period 1429.75 See Attached Memo Entry	
B.	Full Name (Last, First, Middle Initial) UPS BILLING CENTER Mailing Address 1620 VALWOOD PKWY STE 115 City Carroll State TX Zip Code 75006-8321 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) ▼	Transaction ID: SB21B-151997-10000 Date of Disbursement 01 / 20 / 2011 Amount of Each Disbursement this Period 647.23 [MEMO ITEM] Memo Entry	
C.	Full Name (Last, First, Middle Initial) UPS BILLING CENTER Mailing Address 1620 VALWOOD PKWY STE 115 City Carroll State TX Zip Code 75006-8321 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) ▼	Transaction ID: SB21B-151997-20000 Date of Disbursement 01 / 20 / 2011 Amount of Each Disbursement this Period 10.38 [MEMO ITEM] Memo Entry	

SUBTOTAL of Disbursements This Page (optional) ▶

1429.75

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 237 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) UPS BILLING CENTER	Transaction ID: SB21B-151997-30000
	Mailing Address 1620 VALWOOD PKWY STE 115	Date of Disbursement 01 / 20 / 2011
	City Carroll State TX Zip Code 75006-8321	Amount of Each Disbursement this Period 106.14
	Purpose of Disbursement Deliveries	[MEMO ITEM] 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.	Full Name (Last, First, Middle Initial) UPS BILLING CENTER	Transaction ID: SB21B-151997-40000
	Mailing Address 1620 VALWOOD PKWY STE 115	Date of Disbursement 01 / 20 / 2011
	City Carroll State TX Zip Code 75006-8321	Amount of Each Disbursement this Period 538.50
	Purpose of Disbursement Deliveries	[MEMO ITEM] 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:	

C.	Full Name (Last, First, Middle Initial) UPS BILLING CENTER	Transaction ID: SB21B-151997-50000
	Mailing Address 1620 VALWOOD PKWY STE 115	Date of Disbursement 01 / 20 / 2011
	City Carroll State TX Zip Code 75006-8321	Amount of Each Disbursement this Period 18.60
	Purpose of Disbursement Deliveries	[MEMO ITEM] 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:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 238 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) UPS BILLING CENTER	Transaction ID: SB21B-151997-60000
	Mailing Address 1620 VALWOOD PKWY STE 115	Date of Disbursement 01 / 20 / 2011
	City Carroll State TX Zip Code 75006-8321	Amount of Each Disbursement this Period 10.93
	Purpose of Disbursement Deliveries	[MEMO ITEM] 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.	Full Name (Last, First, Middle Initial) UPS BILLING CENTER	Transaction ID: SB21B-151997-70000
	Mailing Address 1620 VALWOOD PKWY STE 115	Date of Disbursement 01 / 20 / 2011
	City Carroll State TX Zip Code 75006-8321	Amount of Each Disbursement this Period 44.06
	Purpose of Disbursement Deliveries	[MEMO ITEM] 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:	

C.	Full Name (Last, First, Middle Initial) UPS BILLING CENTER	Transaction ID: SB21B-151997-80000
	Mailing Address 1620 VALWOOD PKWY STE 115	Date of Disbursement 01 / 20 / 2011
	City Carroll State TX Zip Code 75006-8321	Amount of Each Disbursement this Period 31.00
	Purpose of Disbursement Deliveries	[MEMO ITEM] 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:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 239 / 295

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

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) UPS BILLING CENTER</p> <p>Mailing Address 1620 VALWOOD PKWY STE 115</p> <p>City Carroll State TX Zip Code 75006-8321</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151997-90000</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>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">22.91</td> </tr> </table> <p>[MEMO ITEM] Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1	22.91
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	0		2	0	1	1													
22.91																						
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 1270</p> <p>City Newark State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement Publication & 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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151999</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>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">19.95</td> </tr> </table> <p>See Attached Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1	19.95
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	0		2	0	1	1													
19.95																						
<p>C. Full Name (Last, First, Middle Initial) PENTON MEDIA 17</p> <p>Mailing Address 1300 E 9TH ST</p> <p>City Cleveland State CO Zip Code 44114-1501</p> <p>Purpose of Disbursement Publication & 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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-151999-10000</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>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">19.95</td> </tr> </table> <p>[MEMO ITEM] Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1	19.95
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	0		2	0	1	1													
19.95																						

SUBTOTAL of Disbursements This Page (optional) ▶

19.95

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 240 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) American Express Mailing Address P.O. Box 1270 City Newark State NJ Zip Code 07101-1270 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-152000 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 2475.39
	Category/Type
	See Attached Memo Entry
B. Full Name (Last, First, Middle Initial) AT&T 0012 Mailing Address 12525 CINGULAR WAY 3155H City ALPHARETTA State GA Zip Code 30004 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-152000-10000 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 2475.39
	Category/Type
	[MEMO ITEM] Memo Entry
C. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 1270 City Newark State NJ Zip Code 07101-1270 Purpose of Disbursement Internet Services 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-152001 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 14.95
	Category/Type
	See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

2490.34

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 241 / 295

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

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A.</p> <p>Full Name (Last, First, Middle Initial) AOL SERVICE</p> <p>Mailing Address 22000 AOL WAY</p> <p>City Sterling State VA Zip Code 20166-9302</p> <p>Purpose of Disbursement Internet Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152001-10000</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>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">14.95</td> </tr> </table> <p>[MEMO ITEM] Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1	14.95
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	0		2	0	1	1													
14.95																						
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 1270</p> <p>City Newark State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement Publication/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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152002</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>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">45.00</td> </tr> </table> <p>See Attached Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1	45.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	0		2	0	1	1													
45.00																						
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BUREAU OF CENSUS</p> <p>Mailing Address 4600 SILVER HILL RD</p> <p>City SUITLAND State MD Zip Code 20746</p> <p>Purpose of Disbursement Publication/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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152002-10000</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>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">45.00</td> </tr> </table> <p>[MEMO ITEM] Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1	45.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	0		2	0	1	1													
45.00																						

SUBTOTAL of Disbursements This Page (optional) ▶

45.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 242 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) American Express <hr/> Mailing Address P.O. Box 1270 <hr/> City Newark State NJ Zip Code 07101-1270 <hr/> Purpose of Disbursement Travel/Accommodation /Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152003 Date of Disbursement 01 / 20 / 2011 <hr/> Amount of Each Disbursement this Period 1312.26 <hr/> See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) AU BON PAIN CAFE#127 <hr/> Mailing Address 1724 L ST NW <hr/> City WASHINGTON State DC Zip Code 20036-5406 <hr/> Purpose of Disbursement Travel/Accommodation /Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152003-10000 Date of Disbursement 01 / 20 / 2011 <hr/> Amount of Each Disbursement this Period 9.54 <hr/> [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) AU BON PAIN CAFE#127 <hr/> Mailing Address 1724 L ST NW <hr/> City WASHINGTON State DC Zip Code 20036-5406 <hr/> Purpose of Disbursement Travel/Accommodation /Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152003-20000 Date of Disbursement 01 / 20 / 2011 <hr/> Amount of Each Disbursement this Period 6.57 <hr/> [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

1312.26

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 243 / 295

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

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) AU BON PAIN CAFE#127</p> <p>Mailing Address 1724 L ST NW</p> <p>City WASHINGTON State DC Zip Code 20036-5406</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152003-30000</p> <p>Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 13.17</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) AU BON PAIN CAFE#127</p> <p>Mailing Address 1724 L ST NW</p> <p>City WASHINGTON State DC Zip Code 20036-5406</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152003-40000</p> <p>Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 4.49</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) ARLINGTON YELLOW CAB</p> <p>Mailing Address 1200 N HUDSON ST</p> <p>City ARLINGTON State VA Zip Code 22201-5048</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152003-50000</p> <p>Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 18.75</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 244 / 295

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

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) FAMOUS FAMIGLIA</p> <p>Mailing Address REAGAN WASHINGTON NATL A</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152003-60000 Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 6.62</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) HOMEWOOD SUITES</p> <p>Mailing Address 1475 MASSACHUSETTS AVE NW</p> <p>City WASHINGTON State DC Zip Code 20005-2806</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152003-70000 Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 998.84</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) JOHNNY ROCKETS #243</p> <p>Mailing Address 2000 POST RD</p> <p>City WARWICK State RI Zip Code 02886</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152003-80000 Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 4.31</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 245 / 295

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

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) NOOSHI</p> <p>Mailing Address 1120 19TH ST NW FRNT 2</p> <p>City WASHINGTON State DC Zip Code 20036-3686</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152003-90000 Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 40.08</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) STARBUCKS FC #151</p> <p>Mailing Address 2000 POST RD</p> <p>City WARWICK State RI Zip Code 02886</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152003-100000 Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 2.11</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) US AIRWAYS WEB SALES</p> <p>Mailing Address 4000 E SKY HARBOR BLVD</p> <p>City PHOENIX State AZ Zip Code 85034</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152003-110000 Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 155.40</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 246 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A.</p> <p>Full Name (Last, First, Middle Initial) VAP - 1800 M STREET</p> <p>Mailing Address 1800 M ST NW</p> <p>City WASHINGTON State DC Zip Code 20036-5802</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152003-120000</p> <p>Date of Disbursement MM / DD / YYYY 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 16.68</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) VAP - 1800 M STREET</p> <p>Mailing Address 1800 M ST NW</p> <p>City WASHINGTON State DC Zip Code 20036-5802</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152003-130000</p> <p>Date of Disbursement MM / DD / YYYY 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 16.45</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) WONDER CAB # 77</p> <p>Mailing Address 4921 SEMINARY RD</p> <p>City ALEXANDRIA State VA Zip Code 22311</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152003-140000</p> <p>Date of Disbursement MM / DD / YYYY 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 19.25</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 247 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) American Express	Transaction ID: SB21B-152004 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City Ft Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel/Accommodation /Meals	<input type="text" value="11.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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.	Full Name (Last, First, Middle Initial) ENTERPRISE RENT A CAR	Transaction ID: SB21B-152004-10000 Date of Disbursement
	Mailing Address MANCHESTER AP (IN TERM)	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City MANCHESTER State NH Zip Code 03103	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel/Accommodation /Meals	<input type="text" value="11.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B-152005 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City Ft Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement Catering/Facilities	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="511.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 248 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) JOHNNY'S HALFSHELL</p> <p>Mailing Address 400 N CAPITOL ST NW</p> <p>City WASHINGTON State DC Zip Code 20001-1511</p> <p>Purpose of Disbursement Catering/Facilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152005-10000 Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 360001</p> <p>City Ft Lauderdale State FL Zip Code 33336-0001</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152006 Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 46.12</p> <p>See Attached Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) COSI 683</p> <p>Mailing Address 1275 K STREET NW</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152006-10000 Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 32.92</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

46.12

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER: (check only one)

PAGE 249 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) STARBUCKS 7281 1734L STRE Mailing Address 1734 L ST NW City WASHINGTON State DC Zip Code 20036-5406 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-152006-20000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 13.20 [MEMO ITEM] Memo Entry

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 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-152007 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 718.00 See Attached Memo Entry

C. Full Name (Last, First, Middle Initial) DELTA AIR LINES Mailing Address DEPT 680 1030 DELTA BLVD City SIOUX CITY State IA Zip Code 30354 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-152007-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 20.00 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	718.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 250 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) DELTA AIR LINES Mailing Address DEPT 680 1030 DELTA BLVD City SIOUX CITY State IA Zip Code 30354 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-152007-20000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 698.00 [MEMO ITEM] Memo Entry

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 Office Supplies Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-152008 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 39.00 See Attached Memo Entry

C. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 360001 City Ft. Lauderdale State FL Zip Code 33336 Purpose of Disbursement Office Supplies Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-152008-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 39.00 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	39.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) American Express	Transaction ID: SB21B-152009 Date of Disbursement
	Mailing Address P.O. Box 360001	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City Fort Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting/Conference Candidate Name	<input type="text" value="559.00"/>
	Office Sought: <input type="checkbox"/> House <input 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
		See Attached Memo Entry

B.	Full Name (Last, First, Middle Initial) NTEN	Transaction ID: SB21B-152009-10000 Date of Disbursement
	Mailing Address 1220 SW MORRISN ST # 535	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City Portland State OR Zip Code 97205	Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting/Conference Candidate Name	<input type="text" value="559.00"/>
	Office Sought: <input type="checkbox"/> House <input 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
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B-152010 Date of Disbursement
	Mailing Address P.O. Box 360001	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
	City Fort Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies Expenses Candidate Name	<input type="text" value="250.47"/>
	Office Sought: <input type="checkbox"/> House <input 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
		See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="809.47"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 252 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) BOINGO WIRELESS</p> <p>Mailing Address 10960 WILSHIRE BLVD FL 8</p> <p>City LOS ANGELES State CA Zip Code 90024</p> <p>Purpose of Disbursement Office Supplies Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152010-10000</p> <p>Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 9.95</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) COMCAST CABLE</p> <p>Mailing Address ATTN LORRAINE LUCERO</p> <p>City DENVER State CO Zip Code 80223-3624</p> <p>Purpose of Disbursement Office Supplies Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152010-20000</p> <p>Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 69.54</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 360001</p> <p>City Ft. Lauderdale State FL Zip Code 33336</p> <p>Purpose of Disbursement Office Supplies Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152010-30000</p> <p>Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 39.00</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 253 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS VIS W WA</p> <p>Mailing Address 600 COOLIDGE DRIVE</p> <p>City Folsom State CA Zip Code 95630</p> <p>Purpose of Disbursement Office Supplies Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152010-40000</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>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">131.98</td> </tr> </table> <p>[MEMO ITEM] Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1	131.98
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	0		2	0	1	1													
131.98																						
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 360001</p> <p>City Fort Lauderdale State FL Zip Code 33336</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152011</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>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">698.52</td> </tr> </table> <p>See Attached Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1	698.52
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	0		2	0	1	1													
698.52																						
<p>C. Full Name (Last, First, Middle Initial) BIBIANA</p> <p>Mailing Address 1100 NEW YORK AVE NW</p> <p>City WASHINGTON State DC Zip Code 20005-3934</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152011-10000</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>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">91.87</td> </tr> </table> <p>[MEMO ITEM] Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1	91.87
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	0		2	0	1	1													
91.87																						

SUBTOTAL of Disbursements This Page (optional) ▶

698.52

TOTAL This Period (last page this line number only) ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 254 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) CARIBOU COFFEE #832 Mailing Address 1800 M 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) ▼	Transaction ID: SB21B-152011-20000 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 2.30 [MEMO ITEM] Memo Entry

B. Full Name (Last, First, Middle Initial) CIRCA @ DUPONT Mailing Address 1601 CONNECTICUT AVE NW City WASHINGTON State DC Zip Code 20009-1035 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-152011-30000 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 39.73 [MEMO ITEM] Memo Entry

C. Full Name (Last, First, Middle Initial) DAILY GRILL Mailing Address 1200 18TH ST NW FRNT 2 City WASHINGTON State DC Zip Code 20036-2535 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-152011-40000 Date of Disbursement 01 / 20 / 2011
	Amount of Each Disbursement this Period 77.52 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 255 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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)
DIA PARKING OPERATIONS

Mailing Address 8500 PENA BLVD

City DENVER State CO Zip Code 80249-6205

Purpose of Disbursement
Travel/Accommodation /Meals

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B-152011-50000
Date of Disbursement
01 / 20 / 2011

Amount of Each Disbursement this Period
72.00

[MEMO ITEM]
Memo Entry

B. Full Name (Last, First, Middle Initial)
DIA PARKING OPERATIONS

Mailing Address 8500 PENA BLVD

City DENVER State CO Zip Code 80249-6205

Purpose of Disbursement
Travel/Accommodation /Meals

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B-152011-60000
Date of Disbursement
01 / 20 / 2011

Amount of Each Disbursement this Period
72.00

[MEMO ITEM]
Memo Entry

C. Full Name (Last, First, Middle Initial)
FRONTIER ON BOARD SALES

Mailing Address 7001 TOWER RD

City INDIANAPOLIS State IN Zip Code 80249-7312

Purpose of Disbursement
Travel/Accommodation /Meals

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B-152011-70000
Date of Disbursement
01 / 20 / 2011

Amount of Each Disbursement this Period
3.00

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 256 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) HOOTSUITE	Transaction ID: SB21B-152011-80000
	Mailing Address 580 HOWARD ST, STE 101	Date of Disbursement MM / DD / YYYY 01 / 20 / 2011
	City San Francisco State CA Zip Code 94105	Amount of Each Disbursement this Period 5.99
	Purpose of Disbursement Travel/Accommodation /Meals	[MEMO ITEM] 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.	Full Name (Last, First, Middle Initial) HUDSON NEWS/WASHINGTON	Transaction ID: SB21B-152011-90000
	Mailing Address NATIONAL AIRPORT	Date of Disbursement MM / DD / YYYY 01 / 20 / 2011
	City WASHINGTON State DC Zip Code 20151	Amount of Each Disbursement this Period 2.12
	Purpose of Disbursement Travel/Accommodation /Meals	[MEMO ITEM] 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:	

C.	Full Name (Last, First, Middle Initial) RENAISSANCE HTLS & RESRTS	Transaction ID: SB21B-152011-100000
	Mailing Address 1127 CONNECTICUT AVE NW	Date of Disbursement MM / DD / YYYY 01 / 20 / 2011
	City WASHINGTON State DC Zip Code 20036-4301	Amount of Each Disbursement this Period 52.00
	Purpose of Disbursement Travel/Accommodation /Meals	[MEMO ITEM] 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:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 257 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) RENAISSANCE HTLS & RESRTS</p> <p>Mailing Address 1127 CONNECTICUT AVE NW</p> <p>City WASHINGTON State DC Zip Code 20036-4301</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152011-110000</p> <p>Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 55.30</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) STARBUCKS 7281 1734L STRE</p> <p>Mailing Address 1734 L ST NW</p> <p>City WASHINGTON State DC Zip Code 20036-5406</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152011-120000</p> <p>Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 8.43</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) THE TOPAZ HOTEL</p> <p>Mailing Address 1733 N ST NW</p> <p>City WASHINGTON State DC Zip Code 20036-2801</p> <p>Purpose of Disbursement Travel/Accommodation /Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152011-130000</p> <p>Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 63.80</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 259 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) ADP Mailing Address 401 N Washington St Suite 200 City Rockville State MD Zip Code 20850 Purpose of Disbursement Payroll Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-152013 Date of Disbursement 01 / 21 / 2011 Amount of Each Disbursement this Period 127.20	
B.	Full Name (Last, First, Middle Initial) AP Wide World Photos Mailing Address P.O. Box 414262 City Boston State MA Zip Code 02241 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) ▼	Transaction ID: SB21B-152014 Date of Disbursement 01 / 21 / 2011 Amount of Each Disbursement this Period 225.00	
C.	Full Name (Last, First, Middle Initial) Jack I. Bender & Sons Mailing Address 1120 Connecticut Ave, NW Suite 1200 City Washington State DC Zip Code 20036 Purpose of Disbursement Building Utilities & Fees Candidate Name Office Sought: <input type="checkbox"/> House <input 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-152015 Date of Disbursement 01 / 21 / 2011 Amount of Each Disbursement this Period 132.50	

SUBTOTAL of Disbursements This Page (optional)	484.70
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 260 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) SaBrina Brown Mailing Address 3730 5th St. City North Beach State MD Zip Code 20714 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-152016 Date of Disbursement 01 / 21 / 2011 Amount of Each Disbursement this Period 49.95 See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) Commuter Check Corp-Bay Area Mailing Address 451 Lakeview St. City Lake Lillian State MN Zip Code 56253 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-152016-10000 Date of Disbursement 01 / 21 / 2011 Amount of Each Disbursement this Period 49.95 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Chi/Donahoe + Cole/Duffey Mailing Address 2101 16th St, NW #504 City Washington State DC Zip Code 20009 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) ▼	Transaction ID: SB21B-152017 Date of Disbursement 01 / 21 / 2011 Amount of Each Disbursement this Period 625.00

SUBTOTAL of Disbursements This Page (optional) ▶

674.95

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 261 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Cogent Communications, Inc. Mailing Address P.O. Box 791087 City Baltimore State MD Zip Code 21279-1087 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-152018 Date of Disbursement 01 / 21 / 2011 Amount of Each Disbursement this Period 1818.50 Category/ Type
B.	Full Name (Last, First, Middle Initial) Deer ParkSpring Water Processing Center Mailing Address P.O. Box 856192 City Louisville State KY Zip Code 40285 Purpose of Disbursement Office Supplies Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input 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-152019 Date of Disbursement 01 / 21 / 2011 Amount of Each Disbursement this Period 499.28 Category/ Type
C.	Full Name (Last, First, Middle Initial) Lisa Mcintire Mailing Address 1600 16th Street, NW Apt 301 City Washington State DC Zip Code 20009 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-152020 Date of Disbursement 01 / 21 / 2011 Amount of Each Disbursement this Period 19.10 See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

2336.88

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 262 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Borders Cafe <hr/> Mailing Address 1801 K St NW <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Internet Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152020-10000 Date of Disbursement 01 / 21 / 2011 <hr/> Amount of Each Disbursement this Period 19.10 <hr/> [MEMO ITEM] Memo Entry
B.	Full Name (Last, First, Middle Initial) Nexus Direct <hr/> Mailing Address 2101 Parks Avenue Ste 600 <hr/> City Virginia Beach State VA Zip Code 23451 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152021 Date of Disbursement 01 / 21 / 2011 <hr/> Amount of Each Disbursement this Period 37619.28
C.	Full Name (Last, First, Middle Initial) Perkins Coie <hr/> Mailing Address 700 Thirteenth Street NW Ste 600 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Legal Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152022 Date of Disbursement 01 / 21 / 2011 <hr/> Amount of Each Disbursement this Period 12515.85

SUBTOTAL of Disbursements This Page (optional) ▶	50135.13
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 263 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Perkins Coie	Transaction ID: SB21B-152023 Date of Disbursement
	Mailing Address 700 Thirteenth Street NW Ste 600	<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Legal Services	<input type="text" value="10620.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Pitney Bowes Global Financial Services LLC	Transaction ID: SB21B-152024 Date of Disbursement
	Mailing Address PO Box 371887	<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City Pittsburgh State PA Zip Code 15250	Amount of Each Disbursement this Period
	Purpose of Disbursement Equipment Rental	<input type="text" value="1507.70"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Transamerica Life Insurance Co	Transaction ID: SB21B-152025 Date of Disbursement
	Mailing Address P.O. Box 30266	<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City Los Angeles State CA Zip Code 90030	Amount of Each Disbursement this Period
	Purpose of Disbursement Insurance Health/Life	<input type="text" value="4140.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input 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)	<input type="text" value="16267.70"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 264 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) ADP Mailing Address 401 N Washington St Suite 200 City Rockville State MD Zip Code 20850 Purpose of Disbursement Payroll Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-152170 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 1 1 Amount of Each Disbursement this Period 561.75
B.	Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 0001 City Chicago State IL Zip Code 60679 Purpose of Disbursement Credit Card Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input 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-152168 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 1 1 Amount of Each Disbursement this Period 835.51
C.	Full Name (Last, First, Middle Initial) 100 Spear Street Owners' Corp Mailing Address Lockbox 10297 PO Box 10297 City Newark State NJ Zip Code 07188-0297 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input 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-152028 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 1 1 Amount of Each Disbursement this Period 5564.00

SUBTOTAL of Disbursements This Page (optional)	6961.26
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 266 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Jack I. Bender & Sons	Transaction ID: SB21B-152032 Date of Disbursement 01 / 26 / 2011
	Mailing Address 1120 Connecticut Ave, NW Suite 1200	Amount of Each Disbursement this Period 75624.78
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Rent	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Care First Blue Cross Blue Sheild	Transaction ID: SB21B-152035 Date of Disbursement 01 / 26 / 2011
	Mailing Address PO Box 79749	Amount of Each Disbursement this Period 21660.90
	City Baltimore State MD Zip Code 21279	
	Purpose of Disbursement Insurance Health/Life	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) ▼

C.	Full Name (Last, First, Middle Initial) Care First Blue Cross Blue Sheild	Transaction ID: SB21B-152036 Date of Disbursement 01 / 26 / 2011
	Mailing Address PO Box 79749	Amount of Each Disbursement this Period 4939.20
	City Baltimore State MD Zip Code 21279	
	Purpose of Disbursement Insurance Health/Life	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ► **102224.88**

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 267 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) Laura Cederberg</p> <p>Mailing Address 1841 Columbia Road #808</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152037 Date of Disbursement 01 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 75.00</p> <p>See Attached Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) T-Mobile</p> <p>Mailing Address PO Box 742596</p> <p>City Cincinnati State OH Zip Code 45274</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152037-10000 Date of Disbursement 01 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 75.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Colonial Parking, Inc.</p> <p>Mailing Address 1050 Thomas Jefferson St., NW #100</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Parking Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152038 Date of Disbursement 01 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 1287.46</p>

SUBTOTAL of Disbursements This Page (optional)	1362.46
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 268 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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)
Federal Express

Mailing Address P. O. Box 371461

City Pittsburg State PA Zip Code 15250-7461

Purpose of Disbursement Deliveries

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B-152039
Date of Disbursement: 01 / 26 / 2011

Amount of Each Disbursement this Period: 32.26

Category/Type

B. Full Name (Last, First, Middle Initial)
Emilia Griswold

Mailing Address 2400 16th Street, NW Apt 320

City Washington State DC Zip Code 20009

Purpose of Disbursement Telephone

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B-152040
Date of Disbursement: 01 / 26 / 2011

Amount of Each Disbursement this Period: 89.98

See Attached Memo Entry

Category/Type

C. Full Name (Last, First, Middle Initial)
Sprint

Mailing Address P.O. Box 88026

City Chicago State IL Zip Code 60680-1206

Purpose of Disbursement Telephone

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B-152040-10000
Date of Disbursement: 01 / 26 / 2011

Amount of Each Disbursement this Period: 89.98

[MEMO ITEM]
Memo Entry

Category/Type

SUBTOTAL of Disbursements This Page (optional) ► 122.24

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Superior Building Services Inc JIB Service Group <hr/> Mailing Address 1120 Connecticut Ave, NW Ste 1200 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Building Utilities & Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152041 Date of Disbursement 01 / 26 / 2011 <hr/> Amount of Each Disbursement this Period 331.25
B.	Full Name (Last, First, Middle Initial) Lisa McIntire <hr/> Mailing Address 1600 16th Street, NW Apt 301 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152042 Date of Disbursement 01 / 26 / 2011 <hr/> Amount of Each Disbursement this Period 75.00 <hr/> See Attached Memo Entry
C.	Full Name (Last, First, Middle Initial) Sprint <hr/> Mailing Address P.O. Box 88026 <hr/> City Chicago State IL Zip Code 60680-1206 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152042-10000 Date of Disbursement 01 / 26 / 2011 <hr/> Amount of Each Disbursement this Period 75.00 <hr/> [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

406.25

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 270 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Lisa McIntire <hr/> Mailing Address 1600 16th Street, NW Apt 301 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Meeting/Conference Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152043 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 53.00
B.	Full Name (Last, First, Middle Initial) Lisa McIntire <hr/> Mailing Address 1600 16th Street, NW Apt 301 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Travel/Accommodation /Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152044 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 185.00
C.	Full Name (Last, First, Middle Initial) MetLife Small Business Center <hr/> Mailing Address PO Box 804466 <hr/> City Kansas City State MO Zip Code 64180 <hr/> Purpose of Disbursement Insurance Health/Life Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152045 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 2008.34

SUBTOTAL of Disbursements This Page (optional) ▶

2246.34

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Hilary Nachem	Transaction ID: SB21B-152046 Date of Disbursement 01 / 26 / 2011
	Mailing Address 514 Second Street, SE Apt 1	Amount of Each Disbursement this Period 13.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Travel/Accommodation /Meals	
	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.	Full Name (Last, First, Middle Initial) Nexus Direct	Transaction ID: SB21B-152047 Date of Disbursement 01 / 26 / 2011
	Mailing Address 2101 Parks Avenue Ste 600	Amount of Each Disbursement this Period 444.80
	City Virginia Beach State VA Zip Code 23451	
	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:	

C.	Full Name (Last, First, Middle Initial) Nexus Direct	Transaction ID: SB21B-152054 Date of Disbursement 01 / 26 / 2011
	Mailing Address 2101 Parks Avenue Ste 600	Amount of Each Disbursement this Period 1342.89
	City Virginia Beach State VA Zip Code 23451	
	Purpose of Disbursement Data Management	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	1800.69
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Nexus Direct	Transaction ID: SB21B-152055 Date of Disbursement
	Mailing Address 2101 Parks Avenue Ste 600	<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City Virginia Beach State VA Zip Code 23451	Amount of Each Disbursement this Period
	Purpose of Disbursement Copy Writer Candidate Name	<input type="text" value="3740.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nexus Direct	Transaction ID: SB21B-152056 Date of Disbursement
	Mailing Address 2101 Parks Avenue Ste 600	<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City Virginia Beach State VA Zip Code 23451	Amount of Each Disbursement this Period
	Purpose of Disbursement Data Management Candidate Name	<input type="text" value="1626.47"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nexus Direct	Transaction ID: SB21B-152057 Date of Disbursement
	Mailing Address 2101 Parks Avenue Ste 600	<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City Virginia Beach State VA Zip Code 23451	Amount of Each Disbursement this Period
	Purpose of Disbursement Data Management Candidate Name	<input type="text" value="862.50"/>
	Office Sought: <input type="checkbox"/> House <input 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)	<input type="text" value="6228.97"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Nexus Direct	Transaction ID: SB21B-152058 Date of Disbursement
	Mailing Address 2101 Parks Avenue Ste 600	<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City Virginia Beach State VA Zip Code 23451	Amount of Each Disbursement this Period
	Purpose of Disbursement Deliveries	<input type="text" value="221.89"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nexus Direct	Transaction ID: SB21B-152059 Date of Disbursement
	Mailing Address 2101 Parks Avenue Ste 600	<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City Virginia Beach State VA Zip Code 23451	Amount of Each Disbursement this Period
	Purpose of Disbursement Design/Graphics	<input type="text" value="1595.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nexus Direct	Transaction ID: SB21B-152060 Date of Disbursement
	Mailing Address 2101 Parks Avenue Ste 600	<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City Virginia Beach State VA Zip Code 23451	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing	<input type="text" value="5056.85"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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)	<input type="text" value="6873.74"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 274 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Nexus Direct</p> <p>Mailing Address 2101 Parks Avenue Ste 600</p> <p>City Virginia Beach State VA Zip Code 23451</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152061</p> <p>Date of Disbursement 01 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 17780.79</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Nexus Direct</p> <p>Mailing Address 2101 Parks Avenue Ste 600</p> <p>City Virginia Beach State VA Zip Code 23451</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152062</p> <p>Date of Disbursement 01 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 9428.57</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Nexus Direct</p> <p>Mailing Address 2101 Parks Avenue Ste 600</p> <p>City Virginia Beach State VA Zip Code 23451</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152063</p> <p>Date of Disbursement 01 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 150.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

27359.36

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)

PAGE 275 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Nexus Direct	Transaction ID: SB21B-152064 Date of Disbursement
	Mailing Address 2101 Parks Avenue Ste 600	<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City Virginia Beach State VA Zip Code 23451	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing	<input type="text" value="214.29"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nexus Direct	Transaction ID: SB21B-152065 Date of Disbursement
	Mailing Address 2101 Parks Avenue Ste 600	<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City Virginia Beach State VA Zip Code 23451	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing	<input type="text" value="8213.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nexus Direct	Transaction ID: SB21B-152066 Date of Disbursement
	Mailing Address 2101 Parks Avenue Ste 600	<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City Virginia Beach State VA Zip Code 23451	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing	<input type="text" value="697.14"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Nexus Direct</p> <p>Mailing Address 2101 Parks Avenue Ste 600</p> <p>City Virginia Beach State VA Zip Code 23451</p> <p>Purpose of Disbursement Consulting Fundraising</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152067</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5250.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Nexus Direct</p> <p>Mailing Address 2101 Parks Avenue Ste 600</p> <p>City Virginia Beach State VA Zip Code 23451</p> <p>Purpose of Disbursement Consulting Fundraising</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152068</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10750.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Production Solutions, Inc.</p> <p>Mailing Address 1953 Gallows Road Suite 600</p> <p>City Vienna State VA Zip Code 22182</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152069</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="117.50"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
EMILY's List

A.	Full Name (Last, First, Middle Initial) Production Solutions, Inc.	Transaction ID: SB21B-152070 Date of Disbursement
	Mailing Address 1953 Gallows Road Suite 600	<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City Vienna State VA Zip Code 22182	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="-122.51"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Production Solutions, Inc.	Transaction ID: SB21B-152071 Date of Disbursement
	Mailing Address 1953 Gallows Road Suite 600	<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City Vienna State VA Zip Code 22182	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing	<input type="text" value="1450.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Red Top Cab	Transaction ID: SB21B-152072 Date of Disbursement
	Mailing Address P.O. Box 100519	<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City Arlington State VA Zip Code 22210	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel/Accommodation /Meals	<input type="text" value="99.88"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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)	<input type="text" value="1427.37"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 278 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) SD&A Teleservices, Inc.</p> <p>Mailing Address 5757 West Century Blvd Ste 300</p> <p>City Los Angeles State CA Zip Code 90045</p> <p>Purpose of Disbursement Phone Banks</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152073 Date of Disbursement 01 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 15570.20</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Emma Shapiro</p> <p>Mailing Address 201 I Street NE Apt 724</p> <p>City Washington State DC Zip Code 20002</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152074 Date of Disbursement 01 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 75.00</p> <p>See Attached Memo Entry</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address PO Box 6463</p> <p>City Carol Stream State IL Zip Code 60197-6463</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152074-10000 Date of Disbursement 01 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 75.00</p> <p>[MEMO ITEM] Memo Entry</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

15645.20

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 279 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Staples Credit Plan	Transaction ID: SB21B-152075 Date of Disbursement
	Mailing Address PO Box 689020	<input type="text" value="01"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Des moines State IA Zip Code 50368	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies Expenses	<input type="text" value="17.99"/>
	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.	Full Name (Last, First, Middle Initial) United Parcel Service	Transaction ID: SB21B-152078 Date of Disbursement
	Mailing Address P. O. Box 7247-0244	<input type="text" value="01"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Philadelphia State PA Zip Code 19170-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement Deliveries	<input type="text" value="50.40"/>
	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:	

C.	Full Name (Last, First, Middle Initial) United Parcel Service	Transaction ID: SB21B-152079 Date of Disbursement
	Mailing Address P. O. Box 7247-0244	<input type="text" value="01"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Philadelphia State PA Zip Code 19170-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement Deliveries	<input type="text" value="39.81"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="108.20"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 280 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 401 N Washington St Suite 200</p> <p>City Rockville State MD Zip Code 20850</p> <p>Purpose of Disbursement Payroll Service</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152195</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="184.55"/></p>
<p>B. Full Name (Last, First, Middle Initial) Kimberly Coleman</p> <p>Mailing Address 2151 California Street NW Apt 102</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152159</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1675.04"/></p>
<p>C. Full Name (Last, First, Middle Initial) Amy Dacey</p> <p>Mailing Address 4200 Cathedral Ave., NW #718</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152113</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5061.42"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6921.01"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 281 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Caroline Fines	Transaction ID: SB21B-152114 Date of Disbursement
	Mailing Address 10621 Regent Park Court	<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City Fairfax State VA Zip Code 22030	Amount of Each Disbursement this Period
	Purpose of Disbursement Salaries Candidate Name	<input type="text" value="2283.41"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Lindsay Hicks	Transaction ID: SB21B-152148 Date of Disbursement
	Mailing Address 2757 S Glebe Road #410	<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City Arlington State VA Zip Code 22206	Amount of Each Disbursement this Period
	Purpose of Disbursement Salaries Candidate Name	<input type="text" value="945.55"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Ellen R Malcolm	Transaction ID: SB21B-152115 Date of Disbursement
	Mailing Address 5060 Linnean Avenue, NW	<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City Washington, State DC Zip Code 20008	Amount of Each Disbursement this Period
	Purpose of Disbursement Salaries Candidate Name	<input type="text" value="838.77"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4067.73"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 282 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Brew McKenna</p> <p>Mailing Address 1513 Crofton Parkway</p> <p>City Crofton State MD Zip Code 21114</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152116</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1569.30"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Stephanie Schriock</p> <p>Mailing Address 3225 Valley Drive</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152117</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4920.57"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sandra Bishop</p> <p>Mailing Address 2901 16th Street, NW #304</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152118</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2852.34"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 283 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) Hilary Nachem</p> <p>Mailing Address 514 Second Street, SE Apt 1</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152119</p> <p>Date of Disbursement 01 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 1101.85</p>
<p>B. Full Name (Last, First, Middle Initial) Orren Saltzman</p> <p>Mailing Address 1120 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152149</p> <p>Date of Disbursement 01 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 1246.59</p>
<p>C. Full Name (Last, First, Middle Initial) Nicole Vance</p> <p>Mailing Address 1302 Massachusetts Avenue, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152120</p> <p>Date of Disbursement 01 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 1080.03</p>

SUBTOTAL of Disbursements This Page (optional)	3428.47
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 284 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) Angelique Cannon</p> <p>Mailing Address 7209 Flower Tuft Court</p> <p>City Springfield State VA Zip Code 22153</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152121</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3920.87"/></p>
<p>B. Full Name (Last, First, Middle Initial) Brinda Dasharathy</p> <p>Mailing Address 4301 Massachusetts Avenue NW Apt 4008</p> <p>City Washington State DC Zip Code 20015</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152122</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="769.74"/></p>
<p>C. Full Name (Last, First, Middle Initial) Diane Hamwi</p> <p>Mailing Address 1840 Biltmore Street, NW #10</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152123</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3757.44"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8448.05"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 285 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Anna Lidman</p> <p>Mailing Address 37 Brookview Terrace</p> <p>City Portland State ME Zip Code 04102</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152124</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2640.30"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Ashley Wiers</p> <p>Mailing Address 1301 M Street NW #1023</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152125</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="981.85"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Emily Wurgaft</p> <p>Mailing Address 30 Charlton St #3H</p> <p>City New York State NY Zip Code 10014</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152126</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2896.87"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 286 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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

A.	Full Name (Last, First, Middle Initial) Emilia Griswold <hr/> Mailing Address 2400 16th Street, NW Apt 320 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Salaries Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152127 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 1 1	Amount of Each Disbursement this Period 1731.71
B.	Full Name (Last, First, Middle Initial) Emily Lockwood <hr/> Mailing Address 1275 S. Corona Street <hr/> City Denver State CO Zip Code 80210 <hr/> Purpose of Disbursement Salaries Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152128 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 1 1	Amount of Each Disbursement this Period 2628.68
C.	Full Name (Last, First, Middle Initial) Laura Cederberg <hr/> Mailing Address 1841 Columbia Road #808 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Salaries Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152129 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 1 1	Amount of Each Disbursement this Period 2102.78

SUBTOTAL of Disbursements This Page (optional)	6463.17
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Matthew Burgess	Transaction ID: SB21B-152130 Date of Disbursement 01 / 31 / 2011	
	Mailing Address 1708 Newton Street NW Apt 105		
	City Washington State DC Zip Code 20010	Amount of Each Disbursement this Period 2457.46	
	Purpose of Disbursement Salaries Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Denise Feriozzi	Transaction ID: SB21B-152150 Date of Disbursement 01 / 31 / 2011	
	Mailing Address 1678 A Euclid St. NW		
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period 2764.68	
	Purpose of Disbursement Salaries Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Emily Campbell	Transaction ID: SB21B-152131 Date of Disbursement 01 / 31 / 2011	
	Mailing Address 109 Duncan St		
	City San Francisco State CA Zip Code 94110	Amount of Each Disbursement this Period 2527.80	
	Purpose of Disbursement Salaries Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input 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) ▶	7749.94
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 288 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) Bryce Marable</p> <p>Mailing Address 1201 E Kearney</p> <p>City Washington State DC Zip Code 20017</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152151</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="988.85"/></p>
<p>B. Full Name (Last, First, Middle Initial) Kathleen Coyne-McCoy</p> <p>Mailing Address 267 Gleaner Chapel Road</p> <p>City North Scituate State RI Zip Code 02857</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152132</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2556.28"/></p>
<p>C. Full Name (Last, First, Middle Initial) Leigh Warren</p> <p>Mailing Address 3109 Patrick Henry Drive #623</p> <p>City Falls Church State VA Zip Code 20444</p> <p>Purpose of Disbursement Salaries</p> <p>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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152152</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2534.17"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6079.30"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 289 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Yvonne Williams	Transaction ID: SB21B-152133 Date of Disbursement 01 / 31 / 2011
	Mailing Address 5412 Bradford Ct. #231	Amount of Each Disbursement this Period 1588.55
	City Alexandria State VA Zip Code 22311	
	Purpose of Disbursement Salaries Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Laura Fruge	Transaction ID: SB21B-152153 Date of Disbursement 01 / 31 / 2011
	Mailing Address 420 Oklahoma Avenue, NE #102	Amount of Each Disbursement this Period 4270.77
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Salaries Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SaBrina Brown	Transaction ID: SB21B-152134 Date of Disbursement 01 / 31 / 2011
	Mailing Address 3730 5th St.	Amount of Each Disbursement this Period 3156.34
	City North Beach State MD Zip Code 20714	
	Purpose of Disbursement Salaries Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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)	9015.66
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 290 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Jonathan Parker	Transaction ID: SB21B-152154 Date of Disbursement 01 / 31 / 2011
	Mailing Address 1611 Hobart Street NW	Amount of Each Disbursement this Period 3560.15
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Salaries Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Lesbia Cajchun	Transaction ID: SB21B-152135 Date of Disbursement 01 / 31 / 2011
	Mailing Address 2902 Kings Chapel Rd, #7	Amount of Each Disbursement this Period 1927.24
	City Falls Church State VA Zip Code 22042	
	Purpose of Disbursement Salaries Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Julie Petrick	Transaction ID: SB21B-152155 Date of Disbursement 01 / 31 / 2011
	Mailing Address 834 11th Street, NE	Amount of Each Disbursement this Period 2536.64
	City Washignton State DC Zip Code 20002	
	Purpose of Disbursement Salaries Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ► **8024.03**

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 291 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Ray Keating <hr/> Mailing Address 816 Lucky Rd <hr/> City Severn State MD Zip Code 21144 <hr/> Purpose of Disbursement Salaries Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152136 Date of Disbursement 01 / 31 / 2011 <hr/> Amount of Each Disbursement this Period 2410.89
B.	Full Name (Last, First, Middle Initial) Mary Jane Volk <hr/> Mailing Address 541 E. Nelson Avenue <hr/> City Alexandria State VA Zip Code 22301 <hr/> Purpose of Disbursement Salaries Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152156 Date of Disbursement 01 / 31 / 2011 <hr/> Amount of Each Disbursement this Period 2437.38
C.	Full Name (Last, First, Middle Initial) Muthoni Wambu <hr/> Mailing Address 928 Stubblefield Lane <hr/> City Baltimore State MD Zip Code 21202 <hr/> Purpose of Disbursement Salaries Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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-152137 Date of Disbursement 01 / 31 / 2011 <hr/> Amount of Each Disbursement this Period 2641.84

SUBTOTAL of Disbursements This Page (optional) ▶

7490.11

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 292 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
EMILY's List

<p>A. Full Name (Last, First, Middle Initial) Lisa McIntire</p> <p>Mailing Address 1600 16th Street, NW Apt 301</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salaries Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152157 Date of Disbursement 01 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 1814.69</p>
<p>B. Full Name (Last, First, Middle Initial) Jeanne Duncan</p> <p>Mailing Address 1633 NE Going Street</p> <p>City Portland State OR Zip Code 97211</p> <p>Purpose of Disbursement Salaries Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152138 Date of Disbursement 01 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 2653.32</p>
<p>C. Full Name (Last, First, Middle Initial) Jessica McIntosh</p> <p>Mailing Address 1700 Kalorama Road #404</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salaries Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-152139 Date of Disbursement 01 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 2339.93</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6807.94

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 293 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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) Emma Shapiro	Transaction ID: SB21B-152140 Date of Disbursement 01 / 31 / 2011
	Mailing Address 201 I Street NE Apt 724	Amount of Each Disbursement this Period 915.55
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Salaries Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B-152162 Date of Disbursement 01 / 31 / 2011
	Mailing Address 401 N Washington St Suite 200	Amount of Each Disbursement this Period 41598.21
	City Rockville State MD Zip Code 20850	
	Purpose of Disbursement Taxes-Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB21B-152163 Date of Disbursement 01 / 31 / 2011
	Mailing Address 401 N Washington St Suite 200	Amount of Each Disbursement this Period 14343.21
	City Rockville State MD Zip Code 20850	
	Purpose of Disbursement Taxes - Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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)	56856.97
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 294 / 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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)
Jen Bluestein Lamb

Mailing Address 5617 N. 23rd Street

City State Zip Code
Arlington VA 22205

Purpose of Disbursement
Salaries

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-152141
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 295 / 295

<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) Ben Dove Mailing Address 703 15th St, NW City Mandan State ND Zip Code 58554 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A-152218 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 1 1	Amount of Each Disbursement this Period 15.00
B.	Full Name (Last, First, Middle Initial) Ravit Avni-Singer Mailing Address 125 Westwood Rd City New Haven State CT Zip Code 06515 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A-152219 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 1 1	Amount of Each Disbursement this Period 10.00

SUBTOTAL of Disbursements This Page (optional) ▶	25.00
TOTAL This Period (last page this line number only) ▶	25.00