

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 2851 / 4068
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Stephanie Birnberg		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 5	
Mailing Address 162 Woodshire Drive		<b>Transaction ID:</b> 1963421	
City State Zip Code Pittsburgh PA 15215	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Amy Klobuchar Contributions <b>[MEMO ITEM]</b> MEMO		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 0.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Karen Chaussee		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 15829 73rd Cir N		<b>Transaction ID:</b> 1854618	
City State Zip Code Maple Grove MN 55311	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>	Amy Klobuchar Contributions <b>[MEMO ITEM]</b> MEMO		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 0.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Joan E. McLean		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 5	
Mailing Address 147 Beech Drive		<b>Transaction ID:</b> 1856164	
City State Zip Code Delaware OH 43015	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Amy Klobuchar Contributions <b>[MEMO ITEM]</b> MEMO		
Name of Employer Occupation Ohio Wesleyan University professor	Aggregate Year-to-Date ▼ 0.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	