

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) EMILY's List	FEC IDENTIFICATION NUMBER C C00193433
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mission Control Inc

Mailing Address
201 Adams Street

City Manchester	State CT	Zip Code 06042
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Purpose of Expenditure Postage	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:
Karen Carter

Calendar Year-To-Date Per Election for Office Sought	52403.00
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Date
M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Amount
12426.00

Transaction ID: SE24-104192

Office Sought: House State: LA
 Senate District: 2
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : Runoff

Full Name (Last, First, Middle, Initial) of Payee
Mission Control Inc

Mailing Address
201 Adams Street

City Manchester	State CT	Zip Code 06042
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Purpose of Expenditure Printing	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:
Karen Carter

Calendar Year-To-Date Per Election for Office Sought	52403.00
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Date
M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Amount
28122.00

Transaction ID: SE24-104193

Office Sought: House State: LA
 Senate District: 2
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : Runoff

(a) SUBTOTAL of Itemized Independent Expenditures	40548.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline C Fines
Signature

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