

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9389 / 13859
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
EMILY's List

Full Name (Last, First, Middle Initial) A. Ms. Emma Justice		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 8 Bruce Road		Transaction ID: 2160311	
City State Zip Code Montclair NJ 07043	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		Patsy Madrid Earmarked Contributions	
Name of Employer Occupation REQUESTED	Aggregate Year-to-Date ▼ 0.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mrs. Barbara Hamilton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2884 SE Treasure Island Road		Transaction ID: 2158695	
City State Zip Code Port St. Lucie FL 34952	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		Patsy Madrid Earmarked Contributions	
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 0.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ms. Linda A. Suydam		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 12314 Riding Fields Road		Transaction ID: 2155661	
City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Patsy Madrid Earmarked Contributions	
Name of Employer Occupation Association Executive	Aggregate Year-to-Date ▼ 0.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	575.00
TOTAL This Period (last page this line number only)	_____