

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

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

FOR LINE NUMBER: PAGE 122 / 1260

(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. Karin J Hemmingsen

Mailing Address 361 Richardson Ave

City

Attleboro

State

MA

Zip Code

02703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mattapan Community Health  
Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 9

Transaction ID: 2576317

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jane M. Henner

Mailing Address 470 Talbot Avenue

City

Pacifica

State

CA

Zip Code

94044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REQUESTED

Occupation  
REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 9

Transaction ID: 2580035

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ellen Hennessy

Mailing Address 1926 Lawrence St. NE

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fiduciary Counselors Inc.

Occupation  
Consultant

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 6 / 1 8 / 2 0 0 9

Transaction ID: 2577044

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....