

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kamer, Susan, Frances, Ms.,**

Mailing Address 6555 Caicos Ct.

City  
Vero BeachState  
FLZip Code  
32967FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

REQUESTED

Occupation (for Individual)

REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    | / | 06    | / | 2020        |

**Transaction ID : 6278207**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kraeft, Susan, , Ms.,**

Mailing Address 740 Buena Vista Ave.

City  
Ormond BeachState  
FLZip Code  
32174FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

REQUESTED

Occupation (for Individual)

REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    | / | 31    | / | 2020        |

**Transaction ID : 6315206**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moss, Gloria, B., Ms.,**

Mailing Address 1301 N. Tamiami Tr. #607

City  
SarasotaState  
FLZip Code  
34236FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

REQUESTED

Occupation (for Individual)

REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    | / | 31    | / | 2020        |

**Transaction ID : 6314671**

Amount of Each Receipt this Period

1500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

2050.00

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