

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

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

FOR LINE NUMBER: PAGE 737 / 1480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Virginia Y. Blacklidge Mailing Address 663 Coventry Road City State Zip Code Kensington CA 94707 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Occupation Psychiatrist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 7 <b>Transaction ID: 2283864</b> Amount of Each Receipt this Period 200.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Virginia Y. Blacklidge Mailing Address 663 Coventry Road City State Zip Code Kensington CA 94707 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Occupation Psychiatrist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 7 <b>Transaction ID: 2281832</b> Amount of Each Receipt this Period 300.00 \$300 Trans to NF 9/11/07
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Ilona E. Blanchard Mailing Address 1015 E Street SE City State Zip Code Washington DC 20003 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer City of Takoma Park Occupation Urban Design/Community Planner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 7 <b>Transaction ID: 2279240</b> Amount of Each Receipt this Period 20.00

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

520.00

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