

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 2646 OF 6124

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**EMILY's List**

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

**A. Thrush, Lisa, L., Ms.,**

Mailing Address 1337 Cryer Avenue

City  
Cincinnati

State  
OH

Zip Code  
45208

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hill-Rom

Occupation (for Individual)  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 02 / 2019

**Transaction ID : 6245314**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Blakely, Teresa, J., ,**

Mailing Address 275 E. Longview Avenue

City  
Columbus

State  
OH

Zip Code  
43202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Psychologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2019

**Transaction ID : 6252495**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. O'Donohue, Danielle, , ,**

Mailing Address 26400 George Zeiger Drive, Apt 204

City  
Beachwood

State  
OH

Zip Code  
44122

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Physio-Control

Occupation (for Individual)  
Purchasing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2019

**Transaction ID : 6263468**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

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

235.00