

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

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

FOR LINE NUMBER: PAGE 537 / 1028

(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) Dr. Virginia Y. Blackledge Mailing Address 663 Coventry Road City State Zip Code Kensington CA 94707 FEC ID number of contributing federal political committee. C 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 ▼ 2300.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7 Transaction ID: 2237248 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Ms. Sandra I. Blair Mailing Address 1815 Chestnut Street City State Zip Code Berkeley CA 94702 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7 Transaction ID: 2232191 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Ms. Sandra I. Blair Mailing Address 1815 Chestnut Street City State Zip Code Berkeley CA 94702 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7 Transaction ID: 2237437 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional) ▶		1350.00
TOTAL This Period (last page this line number only) ▶		