

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 3913 / 9798

(check only one)

<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

A.

Full Name (Last, First, Middle Initial) Dr. Barbara E Johnston		Date of Receipt MM / DD / YYYY 10 / 24 / 2010
Mailing Address 545 West 111 St 4C Apt 4C		Transaction ID: 2897004
City New York	State NY	Zip Code 10025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Mount Sinai Hospital	Occupation physician	Patty Murray Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	[MEMO ITEM] MEMO

B.

Full Name (Last, First, Middle Initial) Samuel Abrams		Date of Receipt MM / DD / YYYY 10 / 23 / 2010
Mailing Address 25 East 83rd St, apt 2D		Transaction ID: 2897565
City New York	State NY	Zip Code 10028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer self	Occupation physician	Patty Murray Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	[MEMO ITEM] MEMO

C.

Full Name (Last, First, Middle Initial) Mr. Daniel S Fierer		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 527 W 110th St Apt 6		Transaction ID: 2898143
City New York	State NY	Zip Code 10025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Mount Sinai Medical Center	Occupation Physician	Patty Murray Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	[MEMO ITEM] MEMO

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	