

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

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

FOR LINE NUMBER: PAGE 641 / 1316

(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) Ms. Ellen Bishop Mailing Address 2734 W. Gordon Street City Allentown State PA Zip Code 18104 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Homemaker 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 Y 0 7 / 2 7 / 2 0 0 7 <b>Transaction ID: 2271021</b> Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Helen D. Blackeby Mailing Address 7664 Stevenson Way City San Diego State CA Zip Code 92120 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation REQUESTED 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 Y 0 7 / 1 0 / 2 0 0 7 <b>Transaction ID: 2263660</b> Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Virginia Y. Blacklidge Mailing Address 663 Coventry Road City Kensington State CA Zip Code 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 ▼ 4800.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 5 / 2 0 0 7 <b>Transaction ID: 2270548</b> Amount of Each Receipt this Period 1000.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		1300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		