

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
EMILY's List

Full Name (Last, First, Middle Initial)

A. Val Demings for Congress

Mailing Address 3700 34th Street
#200

City Orlando State FL Zip Code 32811

Purpose of Disbursement
Candidate Contribution

Candidate Name

Val Demings

Office Sought: House
 Senate
 President

State: FL District: 10

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : SB23-263019

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Gretchen Driskell for Congress

Mailing Address PO Box 464

City Saline State MI Zip Code 48176

Purpose of Disbursement
Candidate Contribution

Candidate Name

Gretchen Driskell

Office Sought: House
 Senate
 President

State: MI District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : SB23-263020

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Pramila for Congress

Mailing Address 220 I Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Candidate Contribution

Candidate Name

Pramila Jayapal

Office Sought: House
 Senate
 President

State: WA District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : SB23-263022

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

15000.00

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