

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

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

FOR LINE NUMBER: PAGE 3666 OF 15492

(check only one)

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

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NAME OF COMMITTEE (In Full)

EMILY's List

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

A. Levin, Robert, M., Mrs.,

Mailing Address 24 W. Erie St.  
Apt. 2

City  
Chicago

State  
IL

Zip Code  
60654

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Levin Schreder &amp; Carey

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2018

Transaction ID : 5865775

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Levin, Sandra, , ,

Mailing Address 11506 Diller Ave

City

Culver City

State

CA

Zip Code

90230

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

La Law Library

Occupation (for Individual)

Ed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2018

Transaction ID : 5863222

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Levin, Sarah, , Dr.,

Mailing Address 15 Thelberg Road  
Box 0601

City

Poughkeepsie

State

NY

Zip Code

12604

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Heart Center

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2018

Transaction ID : 5828356

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

400.00

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