

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

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

FOR LINE NUMBER: PAGE 1713 OF 5070

(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. Gonzalez, Patricia, , ,

Mailing Address 49 Lyons Place

City  
SpringfieldState  
NJZip Code  
07081FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Center For Diagnosis And TreatmentOccupation (for Individual)  
Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2019

Transaction ID : 6206251

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Gonzalez, Patricia, , ,

Mailing Address 49 Lyons Place

City  
SpringfieldState  
NJZip Code  
07081FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Center For Diagnosis And TreatmentOccupation (for Individual)  
Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2019

Transaction ID : 6191806

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Green, Lynn, H., Ms.,

Mailing Address 423 Chanticleer

City  
Cherry HillState  
NJZip Code  
08003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cheyney UniversityOccupation (for Individual)  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2019

Transaction ID : 6187841

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

40.00

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