

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2792 OF 5070

(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**

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

**A. Mukkamala, Prasadarao, , ,**

Mailing Address 29 Quarry Rdg

City  
CharlestonState  
WVZip Code  
25304FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2019

**Transaction ID : 6205683**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Haddy, Loretta, , Ms.,**

Mailing Address 610 Gordon Drive

City  
CharlestonState  
WVZip Code  
25314FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Wv Bureau For Public Health

Occupation (for Individual)

Epidemiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2019

**Transaction ID : 6207556**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**C. Reinhold, Ernest, , Mr.,**

Mailing Address PO Box 1361

City  
SundanceState  
WYZip Code  
82729FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Crook County, Wy

Occupation (for Individual)

Appraiser

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		09		2019

**Transaction ID : 6192470**

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

295.00

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