

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
EMILY's List

A.

Full Name (Last, First, Middle Initial)
Emily Eisenberg

Mailing Address 2400 M St NW

City Washington State DC Zip Code 20037

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-155387

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Amount of Each Disbursement this Period

115.00

B.

Full Name (Last, First, Middle Initial)
Joel Ginzberg

Mailing Address PO Box 7

City High Falls State NY Zip Code 12440

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-153864

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 1

Amount of Each Disbursement this Period

400.00

C.

Full Name (Last, First, Middle Initial)
Claiborne Handleman

Mailing Address 4000 N Meridian St

City Indianapolis State IN Zip Code 46208

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-155388

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

615.00

TOTAL This Period (last page this line number only)