

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

EMILY's List

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

A. Henika, Ellen, M., Ms.,

Mailing Address PO Box 266

City
IdledaleState
COZip Code
80453FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

REQUESTED

Occupation (for Individual)

REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		03		2019

Transaction ID : 6092404

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. Henika, Ellen, M., Ms.,

Mailing Address PO Box 266

City
IdledaleState
COZip Code
80453FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

REQUESTED

Occupation (for Individual)

REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		27		2019

Transaction ID : 6113957

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Henika, Ellen, M., Ms.,

Mailing Address PO Box 266

City
IdledaleState
COZip Code
80453FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

REQUESTED

Occupation (for Individual)

REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		31		2019

Transaction ID : 6120791

Amount of Each Receipt this Period

15.00

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

45.00

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