

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 662 OF 4118  
(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. Hanson, Paula, , ,**

Mailing Address 3052 High Ridge Road

City  
StamfordState  
CTZip Code  
06903FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
REQUESTEDOccupation (for Individual)  
REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
07	26	2019

**Transaction ID : 6114663**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Sturmer, Karlyn, , ,**

Mailing Address 22 Old Green Rd

City  
SandyhookState  
CTZip Code  
06482FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
REQUESTEDOccupation (for Individual)  
REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	D D	Y Y Y Y
07	02	2019

**Transaction ID : 6091462**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Walsh, Marilyn, , Ms.,**

Mailing Address 18 Colony Cir

City  
GlastonburyState  
CTZip Code  
06033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
REQUESTEDOccupation (for Individual)  
REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	D D	Y Y Y Y
07	18	2019

**Transaction ID : 6106063**

Amount of Each Receipt this Period

50.00

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

150.00

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