

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 1431 OF 4118

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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. Gonzalez, Patricia, , ,**

Mailing Address 49 Lyons Place

City  
Springfield

State  
NJ

Zip Code  
07081

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Center For Diagnosis And Treatment

Occupation (for Individual)  
Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2019

**Transaction ID : 6101171**

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  
Springfield

State  
NJ

Zip Code  
07081

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Center For Diagnosis And Treatment

Occupation (for Individual)  
Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2019

**Transaction ID : 6111899**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Gonzalez, Patricia, , ,**

Mailing Address 49 Lyons Place

City  
Springfield

State  
NJ

Zip Code  
07081

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Center For Diagnosis And Treatment

Occupation (for Individual)  
Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 08 / 2019

**Transaction ID : 6094792**

Amount of Each Receipt this Period

15.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

35.00