

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

PAGE 2339 OF 4118

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Roseberry, Phyllis, , ,

Mailing Address P O Box 1724

City
WorlandState
WYZip Code
82401FEC 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 ▼

245.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07	/	25	/	2019

Transaction ID : 6113133

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

B. Koob, Pamela, N., Ms.,

Mailing Address 100 East Solitude Dr.

City
JacksonState
WYZip Code
83001FEC 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 ▼

280.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07	/	15	/	2019

Transaction ID : 6102214

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Koob, Pamela, N., Ms.,

Mailing Address 100 East Solitude Dr.

City
JacksonState
WYZip Code
83001FEC 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 ▼

280.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07	/	18	/	2019

Transaction ID : 6105747

Amount of Each Receipt this Period

25.00

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

75.00

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