

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use 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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NAME OF COMMITTEE (In Full)

**EMILY's List**

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

**A. De Leon, Chris, , ,**

Mailing Address 1125 Terrace Landing Ct

City  
Fort WorthState  
TXZip Code  
76179FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Pafw, Inc.

Occupation (for Individual)

Director It

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
03	10	2019

**Transaction ID : 5969303**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Dean, Jane, , Ms.,**

Mailing Address 450 Center Street #12

City  
SouthportState  
NYZip Code  
06890FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not-EmployedOccupation (for Individual)  
Not-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
03	15	2019

**Transaction ID : 5977365**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Deats, Sara, , ,**

Mailing Address 9049 Quail Creek Dr.

City  
TampaState  
FLZip Code  
33647FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University Of South FloridaOccupation (for Individual)  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
03	27	2019

**Transaction ID : 5989815**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00