

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

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

FOR LINE NUMBER: PAGE 695 OF 3542

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Rennie, Deborah, J., Ms.,**

Mailing Address 9627 Sterling Creek Rd

City  
Jacksonville

State  
OR

Zip Code  
97530

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not-Employed

Occupation (for Individual)

Not-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2019

**Transaction ID : 5971435**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Reporter, Roshan, , ,**

Mailing Address 2510 Kenilworth Ave.

City  
Los Angeles

State  
CA

Zip Code  
90039

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
County Of Los Angeles

Occupation (for Individual)  
Medical Epidemiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : 5977242**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Reporter, Roshan, , ,**

Mailing Address 2510 Kenilworth Ave.

City  
Los Angeles

State  
CA

Zip Code  
90039

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
County Of Los Angeles

Occupation (for Individual)  
Medical Epidemiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 23 / 2019

**Transaction ID : 5983929**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

450.00