

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 753 OF 3542
(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. Schwartz, Beth, , ,

Mailing Address 74 River Oaks Cir.

City
PikesvilleState
MDZip Code
21208FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lifebridge HealthOccupation (for Individual)
Physician, Artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2019

Transaction ID : 5968719

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Schwartz, Allyson, Y., Ms.,

Mailing Address 972 Frazier Rd.

City
JenkintownState
PAZip Code
19046FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Better Medicine AllianceOccupation (for Individual)
President/Ceo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2019

Transaction ID : 5969063

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

C. Schwartzburg, Thomas, C., ,

Mailing Address PO Box 3507

City
OaklandState
CAZip Code
94609FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2019

Transaction ID : 5986448

Amount of Each Receipt this Period

250.00

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

3250.00

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