

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

**A. Curran, Maureen, , ,**

Mailing Address 6 Williams Rd

City  
WaylandState  
MAZip Code  
01778Purpose of Disbursement  
Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2019

FEC Identification Number

**C****Transaction ID : SB28A-32901**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Curran, Maureen, , ,**

Mailing Address 6 Williams Rd

City  
WaylandState  
MAZip Code  
01778Purpose of Disbursement  
Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2019

FEC Identification Number

**C****Transaction ID : SB28A-32902**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Hackett, Willard, , ,**

Mailing Address 2225 East St

City  
New HavenState  
VTZip Code  
05472Purpose of Disbursement  
Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2019

FEC Identification Number

**C****Transaction ID : SB28A-32904**

Amount of Each Disbursement this Period

25.00

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

50.00