

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse 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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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. David, Mary, , ,

Mailing Address 519 West Parkview Street

City
DyersburgState
TNZip Code
38024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
State Of TennesseeOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M	D D	Y Y Y Y
05	01	2019

Transaction ID : 6026145

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. David, Mary, , ,

Mailing Address 519 West Parkview Street

City
DyersburgState
TNZip Code
38024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
State Of TennesseeOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M	D D	Y Y Y Y
05	17	2019

Transaction ID : 6042566

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Seigneur, Dawn, , Ms.,

Mailing Address 711 Maplewood St

City
DeltaState
OHZip Code
43515FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AthleticoOccupation (for Individual)
Physical Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
05	24	2019

Transaction ID : 6052073

Amount of Each Receipt this Period

100.00

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

400.00

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