

**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. Morris, Patsy, , ,**

Mailing Address 4309 Wellington Dr

City  
Fort CollinsState  
COZip Code  
80526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

REQUESTED

Occupation (for Individual)

REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2019

**Transaction ID : 6031562**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Morris-Johnson, Kim, , ,**

Mailing Address 1169 S. Plymouth Court

City  
ChicagoState  
ILZip Code  
60605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

REQUESTED

Occupation (for Individual)

REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2019

**Transaction ID : 6029646**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Morrissey, William, , ,**

Mailing Address 17 Estrella Dr

City  
Santa RosaState  
CAZip Code  
95403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

REQUESTED

Occupation (for Individual)

REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2019

**Transaction ID : 6043241**

Amount of Each Receipt this Period

50.00

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

150.00

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