

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1064 / 1289
	<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 (Last, First, Middle Initial) A. Ms. Laurie Ann Zastrow		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 6	
Mailing Address 26 School Street, Apt. 2		Transaction ID: 1980908	
City Hull State MA Zip Code 02045	Amount of Each Receipt this Period 180.00		
FEC ID number of contributing federal political committee. C	Amy Klobuchar Contributions [MEMO ITEM] MEMO		
Name of Employer Social Security Adm Occupation District Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) B. Ms. Sarah Dunning		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address 9239 Hathaway Street		Transaction ID: 1987526	
City Dallas State TX Zip Code 75220	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Amy Klobuchar Contributions [MEMO ITEM] MEMO		
Name of Employer Self Occupation Interior Designer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

Full Name (Last, First, Middle Initial) C. Ms. Leslie Wagner		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 6	
Mailing Address 1520 York Ave. #23B		Transaction ID: 1978162	
City New York State NY Zip Code 10028	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Amy Klobuchar Contributions [MEMO ITEM] MEMO		
Name of Employer n/a Occupation Homemaker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

SUBTOTAL of Receipts This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____