

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 1100 / 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

A. Full Name (Last, First, Middle Initial) Mrs. Ann O. Jost		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address 5929 Heather Drive, S.W.		Transaction ID: 1987551	
City State Zip Code Rochester MN 55902	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Claire McCaskill Contributions		
Name of Employer Occupation Homemaker	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

B. Full Name (Last, First, Middle Initial) Mrs. Carolee W. Morris		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6	
Mailing Address 6497 Walden Pond Lane		Transaction ID: 1980873	
City State Zip Code Southport NC 28461	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Claire McCaskill Contributions		
Name of Employer Occupation Retired	[MEMO ITEM] MEMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

C. Full Name (Last, First, Middle Initial) Mr. Todd Evans		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 2086 East Lake Road		Transaction ID: 1987660	
City State Zip Code Atlanta GA 30307	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Claire McCaskill Contributions		
Name of Employer Occupation Self Teacher	[MEMO ITEM] MEMO		
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) ▶	_____