

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1522 OF 6034

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Lundy, Lisa, , ,

Mailing Address 203 Northwoods Drive

City
South OrangeState
NJZip Code
7079FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2019

Transaction ID : 6124483

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Gonzalez, Patricia, , ,

Mailing Address 49 Lyons Place

City
SpringfieldState
NJZip Code
7081FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Center For Diagnosis And Treatment

Occupation (for Individual)

Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2019

Transaction ID : 6135322

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Gonzalez, Patricia, , ,

Mailing Address 49 Lyons Place

City
SpringfieldState
NJZip Code
7081FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Center For Diagnosis And Treatment

Occupation (for Individual)

Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2019

Transaction ID : 6148042

Amount of Each Receipt this Period

10.00

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

70.00