

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
EMILY's List

A.	Full Name (Last, First, Middle Initial) New Hampshire Democratic Party	Transaction ID: SB23-115046 Date of Disbursement
	Mailing Address 2 1/2 Beacon Street	<input type="text" value="12"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Concord State NH Zip Code 03101	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) New Jersey Democratic State Committee	Transaction ID: SB23-115047 Date of Disbursement
	Mailing Address 194-196 West State Street	<input type="text" value="12"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Trenton State NJ Zip Code 08608	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) New York State Democratic Committee	Transaction ID: SB23-115048 Date of Disbursement
	Mailing Address 461 Park Avenue South	<input type="text" value="12"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City New York State NY Zip Code 10016	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="15000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>