

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 354 OF 6738
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
EMILY's List

A. Joynt, Anne, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Berwick Ln
 City East Amherst State NY Zip Code 14051
 FEC 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 ▼ 270.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2018
Transaction ID : 5339687
 Amount of Each Receipt this Period
 270.18
 Memo Item

B. Jurek, Beth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1017 Keeneland Ct.
 City Frankfort State KY Zip Code 40601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not-Employed Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2018
Transaction ID : 5372593
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Jurvetson, Karla, T, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27200 Altamont Road
 City Los Altos Hills State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2018
Transaction ID : 5377167
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1770.18
TOTAL This Period (last page this line number only).....	