

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input checked="" type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hillary for America

A. Full Name (Last, First, Middle Initial)
Glynda Wilson

Mailing Address 6516 Marion Ave

City State Zip Code
Kansas City MO 64133-4500

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
230.00

Transaction ID : C10407829

Date of Receipt
M M / D D / Y Y Y Y
08 27 2016

Amount of Each Receipt this Period
5.00

Memo Item
* Hillary Victory Fund

B. Full Name (Last, First, Middle Initial)
Ted Cicero

Mailing Address 16 Highgate Rd

City State Zip Code
Saint Louis MO 63132-4309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Washington University Professor

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
317.00

Transaction ID : C10396099

Date of Receipt
M M / D D / Y Y Y Y
08 27 2016

Amount of Each Receipt this Period
25.00

Memo Item
* Hillary Victory Fund

C. Full Name (Last, First, Middle Initial)
Eugenia Beh

Mailing Address 1 Watermill Pl
Unit 417

City State Zip Code
Arlington MA 02476-4143

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Massachusetts Institute of Technology Librarian

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1263.51

Transaction ID : C10413199

Date of Receipt
M M / D D / Y Y Y Y
08 27 2016

Amount of Each Receipt this Period
57.56

Memo Item
* Hillary Victory Fund

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....