

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

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

FOR LINE NUMBER: PAGE 972 OF 1416  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Hillary Victory Fund**

Full Name (Last, First, Middle Initial)  
**A. Christine Ward**  
 Mailing Address 1371 Carpers Farm Way  
 City State Zip Code  
 Vienna VA 22182-1349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MITRE Principal Health Care Systems  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : C1428617**  
 Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Virginia Candee**  
 Mailing Address 42 Oldham Rd  
 City State Zip Code  
 Newton MA 02465-2327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Information Requested Information Requested  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2015  
**Transaction ID : C1530597**  
 Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**C. Courtney Johnson**  
 Mailing Address 5222 SW Admiral Way  
 City State Zip Code  
 Seattle WA 98116-2246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Qliance Medical Group Family Physician  
 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  
 12 / 09 / 2015  
**Transaction ID : C1739907**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00  
**TOTAL** This Period (last page this line number only)..... ▶