

**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 checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input 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)  
**Richard Brashear**

Mailing Address **PO Box 3974**

City **Albany** State **NY** Zip Code **12203-0974**

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

Name of Employer **State of New York** Occupation **Examiner/Supervisor**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

**Transaction ID : C89145**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 29 / 2015**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Robert Osborne**

Mailing Address **1109 Old Cedar Rd**

City **McLean** State **VA** Zip Code **22102-2440**

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

Name of Employer **Jenner & Block LLP** Occupation **Lawyer**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2725.00**

**Transaction ID : C81785**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 27 / 2015**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**Lenore Goldman**

Mailing Address **499 E 500 S  
Apt 232**

City **Bountiful** State **UT** Zip Code **84010-3841**

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

Name of Employer **Substance Abuse Counselor** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

**Transaction ID : C151555**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 18 / 2015**

Amount of Each Receipt this Period  
**250.00**

**Subtotal Of Receipts This Page** (optional).....▶ **1275.00**

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