

**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)  
**Linda Fetzer**

Mailing Address 17 Emerald Bay

City	State	Zip Code
Laguna Beach	CA	92651-1206

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

Name of Employer	Occupation
Greenfence	Vice President

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : C93674**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
05			03			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Frank Laurents**

Mailing Address 454 W 36th St  
3FE United States

City	State	Zip Code
New York	NY	10018-6314

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

Name of Employer	Occupation
Fitch Ratings	Marketing Director

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 416.30

**Transaction ID : C181524**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
05			30			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 216.30

**C.** Full Name (Last, First, Middle Initial)  
**Gabriella G. Spacciapoli**

Mailing Address 223 High Rd

City	State	Zip Code
Newbury	MA	01951-2216

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

Name of Employer	Occupation
Pet Au Pair	Dog Walker/Student

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 400.00

**Transaction ID : C71504**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
04			24			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 2966.30

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