

**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)  
**Victor Hernandez**

Mailing Address 4450 Twinview Ln

City	State	Zip Code
Orlando	FL	32814-6057

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

Name of Employer	Occupation
Victor Hernandez Painting	Painter

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 250.00

**Transaction ID : C11385**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		12		2015

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Hal Teitelbaum**

Mailing Address PO Box 52

City	State	Zip Code
Bethel	NY	12720-0052

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

Name of Employer	Occupation
Crystal Run Healthcare	Physician Executive

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

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

**Transaction ID : C176695**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		29		2015

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

**C.** Full Name (Last, First, Middle Initial)  
**Jacob Hummel**

Mailing Address 3841 Holly Hills Blvd

City	State	Zip Code
Saint Louis	MO	63116-3134

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

Name of Employer	Occupation
State of Missouri/ AFL-CIO	State Representative/Union Official

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : C256485**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		19		2015

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 3950.00

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