

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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<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)**

Bryant, Carmen, , ,

Mailing Address 13418 Pastel Ln

City

Mountain View

State

CA

Zip Code

94040-3933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bryant Business Ventures Inc.

Occupation

Small Business Coach

Receipt For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

429.35

**Transaction ID : C8319898**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 04 / 2016

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

Bloomfield Gari, Margery, , ,

Mailing Address 18 Redfield Ln

City

Westhampton Beach

State

NY

Zip Code

11978-2023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Therapist

Receipt For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

322.50

**Transaction ID : C9081988**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 11 / 2016

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

Susanka, Jennifer, , ,

Mailing Address 3617 SW Seymour St

City

Portland

State

OR

Zip Code

97221-3941

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OHSU

Occupation

Medical Compliance Auditor

Receipt For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

221.30

**Transaction ID : C8405768**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 06 / 2016

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

125.00

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