

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Hillary for America**

Full Name (Last, First, Middle Initial) <b>A. DNC Services Corporation/Democratic National Committee</b>			Date of Disbursement MM / DD / YYYY 03 / 03 / 2017
Mailing Address 430 S Capitol St SE			FEC Identification Number C C00010603 <b>Transaction ID : D394568</b> Amount of Each Disbursement this Period 3517078.12
City Washington	State DC	Zip Code 20003-4024	Category/ Type
Purpose of Disbursement In-Kind: Email List, Data, and Software License			
Candidate Name DNC Services Corporation/Democratic National Committee		Disbursement For: 2016	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement MM / DD / YYYY
Mailing Address			FEC Identification Number C
Amount of Each Disbursement this Period			
Memo Item			
City	State	Zip Code	Category/ Type
Purpose of Disbursement			
Candidate Name		Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement MM / DD / YYYY
Mailing Address			FEC Identification Number C
Amount of Each Disbursement this Period			
Memo Item			
City	State	Zip Code	Category/ Type
Purpose of Disbursement			
Candidate Name		Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	<input type="checkbox"/> Memo Item	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only)..... 0.00