

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 23235 OF 27963

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Hillary Victory Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Toot, Douglas, , ,**

Mailing Address 67 Court St

City  
Canfield

State  
OH

Zip Code  
44406-1406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Douglas M. Toot

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2016

**Transaction ID : C14692048**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Taubman, Ruth, , ,**

Mailing Address 7201 Promenade Dr  
Apt 602

City

Boca Raton

State

FL

Zip Code

33433-2850

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information Requested

Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 02 / 2016

**Transaction ID : C15185798**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Grossman, Rochelle, , ,**

Mailing Address 18356 560th St

City

West Concord

State

MN

Zip Code

55985-6044

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mayo Clinic

Occupation (for Individual)

Histotechnician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 26 / 2016

**Transaction ID : C14375408**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

575.00