

**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 25 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Hillary Action Fund

A. Weinstein, Rosalind, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 Vine Rd
 City Larchmont State NY Zip Code 10538-1215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYC Health + Hospitals Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 04 / 2016
Transaction ID : C12284503
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Spear, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Astor Dr
 City Mahopac State NY Zip Code 10541-3700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S. Government Occupation (for Individual) Regional Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2016
Transaction ID : C12263203
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Woods, Laure, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 884 Portola Rd Ste A7
 City Portola Valley State CA Zip Code 94028-7265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Philanthropist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 70300.00

Date of Receipt 10 / 14 / 2016
Transaction ID : C12897483
 Amount of Each Receipt this Period 30000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30500.00
TOTAL This Period (last page this line number only).....	