

**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 6524 OF 6802
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Hillary Victory Fund

A. Bagley, Elizabeth, Frawley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1539 29th St NW
 City Washington State DC Zip Code 20007-3061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S. Department of State Occupation (for Individual) Senior Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 33400.00

Date of Receipt **03 / 07 / 2016**
Transaction ID : C3208539
 Amount of Each Receipt this Period 33400.00
 Memo Item

B. Nevison, Anita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8876 Yank Gulch Rd
 City Talent State OR Zip Code 97540-7771
 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 ▼ 250.00

Date of Receipt **03 / 25 / 2016**
Transaction ID : C3663869
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Norgren, Jane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Spice Bush Ln
 City Milford State CT Zip Code 06461-1792
 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 ▼ 250.00

Date of Receipt **03 / 14 / 2016**
Transaction ID : C3450049
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	33800.00
TOTAL This Period (last page this line number only).....▶	