

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

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

FOR LINE NUMBER: PAGE 173 OF 22150

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Hillary Victory Fund**

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

A. Eilbert, Charlotte, , ,

Mailing Address 5410 Hopark Dr

City  
Alexandria

State  
VA

Zip Code  
22310-1140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016

Transaction ID : C12724430

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Nieparent, Drew, , ,

Mailing Address 375 Greenwich St

City  
New York

State  
NY

Zip Code  
10013-2376

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nobu

Occupation (for Individual)  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2016

Transaction ID : C12504390

Amount of Each Receipt this Period

5400.00

☐ Memo Item

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

C. Pippillion, Mary, , ,

Mailing Address 5722 Montclair Hill Ln

City  
Rosharon

State  
TX

Zip Code  
77583-2032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Houston Methodist hospital

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2016

Transaction ID : C12998140

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).....▶

5435.00