

**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 40167 OF 73014
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Moore, Bryce, , ,		Date of Receipt MM / DD / YYYY 07 / 12 / 2016
Mailing Address 4019 W 93rd Ter Apt 211		Transaction ID : C6990395
City Prairie Village	State KS	Zip Code 66207-2777
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) N/A	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Schwartz, Jodi, J., ,		Date of Receipt MM / DD / YYYY 08 / 10 / 2016
Mailing Address 18 Leonard St		Transaction ID : C9032535
City New York	State NY	Zip Code 10013-2992
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer (for Individual) Wachtell Lipton Rosen & Katz	Occupation (for Individual) Attorney	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 31561.63	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Seif, Alix, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2016
Mailing Address 111 Elfreths Aly		Transaction ID : C11681005
City Philadelphia	State PA	Zip Code 19106-2011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.72
Name of Employer (for Individual) CHOP	Occupation (for Individual) physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 210.72	

SUBTOTAL of Receipts This Page (optional).....▶	2536.72
TOTAL This Period (last page this line number only).....▶	