

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Hillary for America

**A.** Full Name (Last, First, Middle Initial)

Hall, Matthew, , ,

Mailing Address 926 Truman Ave  
Apt A

City Key West	State FL	Zip Code 33040-6431
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FEC ID number of contributing federal political committee.

Name of Employer  
Wing Masters  
Occupation  
Bartender

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : C7016555

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 15 / 2016

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)

Solomon, Judy, , ,

Mailing Address 24508 Indian Hill Ln

City West Hills	State CA	Zip Code 91307-3832
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FEC ID number of contributing federal political committee.

Name of Employer  
Self-Employed  
Occupation  
Business Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : C6898485

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2016

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Herliczek, Thaddeus, , ,

Mailing Address 14 Winterberry Ln

City Westport	State MA	Zip Code 02790-2638
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FEC ID number of contributing federal political committee.

Name of Employer  
Rhode Island Medical Imaging  
Occupation  
Physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : C7963395

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2016

Amount of Each Receipt this Period

Memo Item

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....