

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)

Stansell, Brent, , ,

Mailing Address 3300 16th St NW
Apt 204

City
Washington

State
DC

Zip Code
20010-2250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shakespeare Theatre Company

Occupation
Theatre Educator

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

277.50

Transaction ID : C7525926

Date of Receipt

M M / D D / Y Y Y Y
07 / 25 / 2016

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

Hall, Patrick, , ,

Mailing Address 344 N Old Woodward Ave

City
Birmingham

State
MI

Zip Code
48009-5336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Transaction ID : C7305886

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2016

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

Joseph, Josephine, , ,

Mailing Address 410 Benedict Ave

City
Tarrytown

State
NY

Zip Code
10591-4939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morgan Stanley Children's Hospital of

Occupation
Registered Nurse

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

555.00

Transaction ID : C7606186

Date of Receipt

M M / D D / Y Y Y Y
07 / 26 / 2016

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

135.00

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