

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<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)  
**CARSON AMERICA**

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

Mailing Address 1120 DOUGLAS BLVD SUITE B

City State Zip Code  
ROSEVILLE CA 95678-2800

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED SMALL BUSINESS OWNER MAID SERVICE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
400.00

**Transaction ID : SA17.59377**

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. NORMAN L. HENDERSON**

Mailing Address 2490 S. MOUNT ARARAT ROAD

City State Zip Code  
LAWRENCEBURG TN 38464-6195

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.177955**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROY K. HENDEE III**

Mailing Address 3280 POINTE PARKWAY SUITE 2300

City State Zip Code  
PEACHTREE CORNERS GA 30092-3341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
POINTE PROPERTY GROUP REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.221150**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 600.00

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