

**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)  
**MR. GALE A. LAIR**

Mailing Address P.O. BOX 706

City State Zip Code  
**BIG TIMBER MT 59011-0706**

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

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**300.00**

**Transaction ID : SA17.178681**

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

CONTRIBUTION

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 255 MAYFLOWER DRIVE

City State Zip Code  
**NEWPORT BEACH CA 92660-6164**

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

Name of Employer Occupation  
**LAIRD COATINGS CORP CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

**Transaction ID : SA17.90043**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 06 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN M. LAIRD**

Mailing Address P.O. BOX 2215

City State Zip Code  
**MISSOURI CITY TX 77459-9215**

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 ▼  
**0.00**

**Transaction ID : SA17.67059**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 18 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**-20.00**

CHARGED BACK

**Subtotal Of Receipts This Page** (optional)..... **680.00**

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