

**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)  
**DAWN DURNS**

Mailing Address 4022 PROVIDENCE RD  
APT B.

City State Zip Code  
CHARLOTTE NC 28211-4483

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

Name of Employer Occupation  
SYNCHRONY FINANCIAL RISK MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
625.00

**Transaction ID : SA17.573582**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 2705 GOVERNORS POINT COURT

City State Zip Code  
MOUNT PLEASANT SC 29466-7947

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

Name of Employer Occupation  
MUSC STAFF NURSE IN PEDIATRIC CARDIAC ICU

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.584721**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 409 MELODY LN

City State Zip Code  
GAINESVILLE TX 76240-5137

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

Name of Employer Occupation  
RETIRED DENTAL HYGIENIST, PIANO TEACHER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
325.00

**Transaction ID : SA17.241471**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**Subtotal Of Receipts This Page** (optional).....▶ 550.00

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