

**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)
KRISTINA IOIMO

Mailing Address **768 35TH STREET**

City **MANHATTAN BEACH** State **CA** Zip Code **90266-3453**

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

Name of Employer **SELF-EMPLOYED** Occupation **MEDICAL TRANSCRIPTIONIST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.538177

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

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

Mailing Address **768 35TH STREET**

City **MANHATTAN BEACH** State **CA** Zip Code **90266-3453**

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

Name of Employer **SELF-EMPLOYED** Occupation **MEDICAL TRANSCRIPTIONIST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.605861

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR. CHARLES LYONS IRBY SR.

Mailing Address **1817 TYNE BLVD.**

City **NASHVILLE** State **TN** Zip Code **37215-4701**

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

Name of Employer **IRBY INVESTMENTS, LLC** Occupation **INVESTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.356437

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **1100.00**

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