

**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)  
**MRS. FLORENCE KANE**

Mailing Address 3435 VINTON RD

City PHILADELPHIA State PA Zip Code 19154-2022

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
210.00

**Transaction ID : SA17.457998**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. JEAN F. KANE**

Mailing Address 3516 HARLINGTON LN

City RICHARDSON State TX Zip Code 75082-3536

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

**Transaction ID : SA17.455006**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**JOHN KANE**

Mailing Address 1516 BROOKS AVE

City RALEIGH State NC Zip Code 27607-6614

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

Name of Employer SELF Occupation ENTREPRENEUR

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.569056**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 500.00

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