

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(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)  
**GALEN KIRBY**

Mailing Address **2 SECOND FAIRWAY COURT**

City State Zip Code  
**BELLEVILLE IL 62220-4860**

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

Name of Employer Occupation  
**SELF RETIRED**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**225.00**

**Transaction ID : SA17.511677**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 16 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**LEROY KIRBY**

Mailing Address **5560 QUAKER NECK LANDING RD.**

City State Zip Code  
**CHESTERTOWN MD 21620-4929**

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 ▼  
**1000.00**

**Transaction ID : SA17.314655**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 11 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. MANNING D. KIRBY JR.**

Mailing Address **8744 WARM SPRINGS WAY**

City State Zip Code  
**KNOXVILLE TN 37923-7120**

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 ▼  
**350.00**

**Transaction ID : SA17.323719**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 11 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**50.00**

**Subtotal Of Receipts This Page** (optional)..... **1075.00**

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