

**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)  
**MS. MARILYN SNELL**

Mailing Address 445 TERRY STREET

City State Zip Code  
LONGMONT CO 80501-5441

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

Name of Employer Occupation  
MARTIN FAMILY ORTHODONTICS PART TIME OFFICE CLEANER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
215.00

**Transaction ID : SA17.587506**

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

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT O. SNELLING SR**

Mailing Address 5699 MIRAMAR DRIVE

City State Zip Code  
FRISCO TX 75034-5949

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 ▼  
2700.00

**Transaction ID : SA17.240030**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS R. SNELL**

Mailing Address 5131 BRANDILES LANE

City State Zip Code  
WINSTON SALEM NC 27104-5057

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 ▼  
700.00

**Transaction ID : SA17.259978**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 375.00

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