

**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)  
**SEAN SULLIVAN**

Mailing Address 1 IRVING PLACE

City IRVINGTON State NY Zip Code 10533-1303

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.577016**

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

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**SHAWN SULLIVAN**

Mailing Address 3 HERON LANE

City NORTH OAKS State MN Zip Code 55127-6416

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

Name of Employer Occupation  
TRUCK WRITERS INSURANCE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.545952**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**MS. SHIRLEY E. SULLIVAN**

Mailing Address 2129 WEST NEW HAVEN AVENUE

City WEST MELBOURNE State FL Zip Code 32904-3855

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 ▼  
950.00

**Transaction ID : SA17.224518**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 06 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
200.00

**Subtotal Of Receipts This Page** (optional).....▶ 950.00

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