

**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. ROSEMARY RASMUSSEN

Mailing Address **62-3610 LOLII WAY APT D2**

City **KAMUELA** State **HI** Zip Code **96743-8765**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1500.00**

Transaction ID : SA17.1100085

Date of Receipt
M M / D D / Y Y Y Y
12 / 28 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. ROY RASMUSSEN

Mailing Address **5980 FERRY DRIVE**

City **HELENA** State **MT** Zip Code **59602-9156**

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

Name of Employer **SELF EMPLOYED** Occupation **LABORER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **400.00**

Transaction ID : SA17.1061775

Date of Receipt
M M / D D / Y Y Y Y
12 / 16 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR. ROY RASMUSSEN

Mailing Address **5980 FERRY DRIVE**

City **HELENA** State **MT** Zip Code **59602-9156**

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

Name of Employer **SELF EMPLOYED** Occupation **LABORER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **400.00**

Transaction ID : SA17.713133

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional)..... **1150.00**

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