

**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)  
**ELDON ROTH**

Mailing Address 984 QUAIL HOLLOW CIR

City State Zip Code  
NORTH SIOUX CITY SD 57049-5100

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

Name of Employer Occupation  
BPI PRESIDEN

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : SA17.774422**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. ELIZABETH H. ROTH**

Mailing Address 102 WELLSWOOD ROAD  
P.O. BOX 703

City State Zip Code  
ATHENS WV 24712-0703

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

Name of Employer Occupation  
CONCORD UNIVERSITY ASSISTANT PROFESSOR OF ENGLISH

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
375.00

**Transaction ID : SA17.1002952**

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**GARY ROTH**

Mailing Address 6140 BRANDYWINE DR

City State Zip Code  
JOHNSTON IA 50131-8739

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 ▼  
300.00

**Transaction ID : SA17.749428**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 25 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

**Subtotal Of Receipts This Page** (optional).....▶ 1200.00

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