

**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)  
**VICKI WILSON**

Mailing Address **479 HIGH GARNET LANE**

City State Zip Code  
**DELTA CO 81416-8200**

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 ▼  
**400.00**

**Transaction ID : SA17.1055479**

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

**CONTRIBUTION**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**VICKI WILSON**

Mailing Address **1437 SHAMROCK AVENUE**

City State Zip Code  
**VIRGINIA BEACH VA 23455-4144**

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

Name of Employer Occupation  
**SENTARA HEALTHCARE SR. PROCESS IMPROVEMENT ENGINEER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1025.00**

**Transaction ID : SA17.744716**

Date of Receipt  
M M / D D / Y Y Y Y  
**10 21 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**VICKI WILSON**

Mailing Address **479 HIGH GARNET LANE**

City State Zip Code  
**DELTA CO 81416-8200**

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 ▼  
**400.00**

**Transaction ID : SA17.941119**

Date of Receipt  
M M / D D / Y Y Y Y  
**11 16 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).....▶