

**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)
DR. JEFFREY GABEL

Mailing Address 425 CAN SAN ANTONIO PMB 463

City	State	Zip Code
TAMUNING	GU	96913-3602

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
GUAM MEMORIAL HOSPITAL AUTHORITY	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.144215

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
DR. JEFFREY GABEL

Mailing Address 425 CAN SAN ANTONIO PMB 463

City	State	Zip Code
TAMUNING	GU	96913-3602

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
GUAM MEMORIAL HOSPITAL AUTHORITY	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.56404

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
DR. JEFFREY GABEL

Mailing Address 425 CAN SAN ANTONIO PMB 463

City	State	Zip Code
TAMUNING	GU	96913-3602

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
GUAM MEMORIAL HOSPITAL AUTHORITY	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.70605

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			23			2015			

CONTRIBUTION

Amount of Each Receipt this Period

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

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