

**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)  
**LARRY WILLIAMS**

Mailing Address 3024 CR 111

City State Zip Code  
ROSCOE TX 79545-3510

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

Name of Employer Occupation  
VISTA FARMS 2 JOINT OPERATION PARTNER IN FAMILY FARM PARTNERSHIP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.69384**

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**LARRY WILLIAMS**

Mailing Address 3024 CR 111

City State Zip Code  
ROSCOE TX 79545-3510

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

Name of Employer Occupation  
VISTA FARMS 2 JOINT OPERATION PARTNER IN FAMILY FARM PARTNERSHIP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.97651**

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**LAURA WILLIAMS**

Mailing Address 591 SAND POINT ROAD

City State Zip Code  
CARPINTERIA CA 93013-1101

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

Name of Employer Occupation  
FORTNE FUEL, INC. CFO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.59783**

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 2800.00

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