

**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)  
**CARLY FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. HELENE B. HAWKINS**

Mailing Address 1731 W MEDICAL CENTER DR  
APT 341

City ANAHEIM State CA Zip Code 92801-1845

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.373894**

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MRS. INEZ H. HEATH**

Mailing Address 485 ST ANDREWS WAY

City LOMPOC State CA Zip Code 93436-1320

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.373929**

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. GERALD P. HECKERT**

Mailing Address 4213 WOOSTER AVE

City SAN MATEO State CA Zip Code 94403-5050

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.373870**

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 01 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

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

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