

**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 EXPLORATORY COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. SAMUEL MURDOUGH

Mailing Address **5801 BENT PINE DR.**

City **VERO BEACH** State **FL** Zip Code **32967-7589**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17.29368

Date of Receipt
 M M / D D / Y Y Y Y
03 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 250.00

B. Full Name (Last, First, Middle Initial)
MS. ALICE F. MURPHY

Mailing Address **4115 CASSTOWN SIDNEY ROAD**

City **TROY** State **OH** Zip Code **45373-9751**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17.16308

Date of Receipt
 M M / D D / Y Y Y Y
03 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 250.00

C. Full Name (Last, First, Middle Initial)
DANIEL MURPHY

Mailing Address **1724 COLFAX AVE S**

City **MINNEAPOLIS** State **MN** Zip Code **55403-3001**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17.21798

Date of Receipt
 M M / D D / Y Y Y Y
03 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 1000.00

Subtotal Of Receipts This Page (optional).....▶ _____ **1500.00**

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