

**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)  
**MR. RICK J. MILLER**

Mailing Address 120 EAST DAVIS ST

City MOUND CITY State MO Zip Code 64470-1402

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

Name of Employer MILLER CONSULTANTS Occupation PRINCIPAL

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
425.00

**Transaction ID : SA17.313750**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**KATHRYN MINTER**

Mailing Address 147 SONTERRA DR.

City ALTO State NM Zip Code 88312-9573

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 ▼  
300.00

**Transaction ID : SA17.310387**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**KAREN MITCHELL**

Mailing Address 2465 S. MILLER CT

City LAKEWOOD State CO Zip Code 80227-6550

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 ▼  
300.00

**Transaction ID : SA17.315351**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
100.00

Subtotal Of Receipts This Page (optional).....▶ 500.00

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