

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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)

MR. STEPHEN J. ANNEST

Mailing Address 5201 OAK HOLLOW DRIVE

City	State	Zip Code
MORRISON	CO	80465-9691

FEC ID number of contributing
federal political committee.

C

Name of Employer
VASCULAR INSTITUTE OF THE ROCKIES

Occupation
VASCULAR SURGEON

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Transaction ID : SA17.66911

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)

MR. MAURICE A. ANNIS

Mailing Address P.O. BOX 189

City	State	Zip Code
OAKLEY	KS	67748-0189

FEC ID number of contributing
federal political committee.

C

Name of Employer
WADDELL OF REED

Occupation
FINANCIAL ADVISOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Transaction ID : SA17.182711

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

2000.00

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

GARRY ANSDELL

Mailing Address 6655 MICHELSON ST

City	State	Zip Code
LAKEWOOD	CA	90713-1755

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOSANNA CHRISTIAN FELLOWSHIP

Occupation
PASTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Transaction ID : SA17.132622

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	5

CONTRIBUTION

Amount of Each Receipt this Period

100.00

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

2300.00

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