

**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)  
**MR. GERRY BAINES**

Mailing Address 2801 SPENCER RD.

City State Zip Code  
DENTON TX 76208-6942

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

Name of Employer Occupation  
RETIRED COMMUNITY VOLUNTEER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
350.00

**Transaction ID : SA17.365901**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. CHARMAINE C. BAINUM**

Mailing Address 12601 MISTY CREEK LANE

City State Zip Code  
FAIRFAX VA 22033-1726

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
800.00

**Transaction ID : SA17.487068**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**MS. JANE L. BAINUM**

Mailing Address 5630 WISCONSIN AVE  
APT 501

City State Zip Code  
CHEVY CHASE MD 20815-4454

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS HOUSEWIFE

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
5200.00

**Transaction ID : SA17.222372**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
5000.00

**[MEMO ITEM]**

**Subtotal Of Receipts This Page** (optional).....▶ 550.00

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