

**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. CHARLES B. COYNER**

Mailing Address 11077 BIRCH HOLLOW WAY

City	State	Zip Code
PEYTON	CO	80831-5036

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 ▼  
 \_\_\_\_\_ 300.00

**Transaction ID : SA17.585656**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

**B.** Full Name (Last, First, Middle Initial)  
**DAVID COYNE**

Mailing Address P.O. BOX 130247

City	State	Zip Code
BIRMINGHAM	AL	35213-0247

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

Name of Employer	Occupation
STIFEL	ANALYST

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 250.00

**Transaction ID : SA17.545948**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			22			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**C.** Full Name (Last, First, Middle Initial)  
**RON COZAD**

Mailing Address P.O. BOX 3274

City	State	Zip Code
SUNRIVER	OR	97707-0274

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

Name of Employer	Occupation
SELF	CABINET MAKER

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 215.00

**Transaction ID : SA17.316089**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 25.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 325.00

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