

SCHEDULE A-P **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 14646 / 19490

<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)
DR. GARY M. SCHNIEGENBERG

Mailing Address 1982 ROAD P1

City	State	Zip Code
BLUFFTON	OH	45817-9304

FEC ID number of contributing
federal political committee.

C

Name of Employer
ORTHOPEDIC INSTITUTE OF OHIO

Occupation
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Transaction ID : SA17.347963

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		17		2015

CONTRIBUTION

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
DR. GARY M. SCHNIEGENBERG

Mailing Address 1982 ROAD P1

City	State	Zip Code
BLUFFTON	OH	45817-9304

FEC ID number of contributing
federal political committee.

C

Name of Employer
ORTHOPEDIC INSTITUTE OF OHIO

Occupation
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Transaction ID : SA17.532452

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		18		2015

CONTRIBUTION

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
MS. RUTH J. SCHNIER

Mailing Address 7380 LEISURE LN

City	State	Zip Code
MASON	OH	45040-3471

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 : SA17.333508

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		13		2015

CONTRIBUTION

Amount of Each Receipt this Period

50.00

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

350.00

Total This Period (last page this line number only)