

**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)  
**MS. ELIZABETH R. SOVERNS**

Mailing Address **8111 WESTCOTT LN. SE**

City	State	Zip Code
OLYMPIA	WA	98501-6880

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 ▼  
 \_\_\_\_\_ 550.00

**Transaction ID : SA17.327315**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	5

**CONTRIBUTION**

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

**B.** Full Name (Last, First, Middle Initial)  
**MS. ELIZABETH R. SOVERNS**

Mailing Address **8111 WESTCOTT LN. SE**

City	State	Zip Code
OLYMPIA	WA	98501-6880

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 ▼  
 \_\_\_\_\_ 550.00

**Transaction ID : SA17.384140**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	5

**CONTRIBUTION**

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

**C.** Full Name (Last, First, Middle Initial)  
**MS. ELIZABETH R. SOVERNS**

Mailing Address **8111 WESTCOTT LN. SE**

City	State	Zip Code
OLYMPIA	WA	98501-6880

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 ▼  
 \_\_\_\_\_ 550.00

**Transaction ID : SA17.428333**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	5

**CONTRIBUTION**

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

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 150.00

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