

**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. MERLE WAIT**

Mailing Address P.O. BOX 545

City	State	Zip Code
PROTECTION	KS	67127-0545

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**SELF-EMPLOYED**Occupation  
**FARMER**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

**Transaction ID : SA17.432153**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		04		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

**B.** Full Name (Last, First, Middle Initial)  
**ANN WAITE**

Mailing Address 2624 BISMARCK WAY

City	State	Zip Code
SARASOTA	FL	34231-4910

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**SELF EMPLOYED**Occupation  
**SMALL BUSINESS OWNER/TEXTILE  
CLEANING**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.547711**

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)  
**MS. EVELYN L. WAITES**Mailing Address P.O. BOX 4004  
120 HANK HAYNIE DRIVE

City	State	Zip Code
FLORENCE	SC	29502-4004

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**THE LIFE CHURCH OF FLORENCE**Occupation  
**PASTOR**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2450.00

**Transaction ID : SA17.378049**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

200.00

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

750.00

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