

SCHEDULE A-P **ITEMIZED RECEIPTS**

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

FOR 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)
MS. MALINDA P. WILLS

Mailing Address 506 GERALD A.

City State Zip Code
LELAND MI 38756-

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Transaction ID : SA17.239755

Date of Receipt

M M / D D / Y Y Y Y
07 13 2015

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
MS. MALINDA P. WILLS

Mailing Address 5141 EMORY OAK CIR APT 508

City State Zip Code
BESSEMER AL 35022-5477

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Transaction ID : SA17.527105

Date of Receipt

M M / D D / Y Y Y Y
09 15 2015

CONTRIBUTION

Amount of Each Receipt this Period

1500.00

C. Full Name (Last, First, Middle Initial)
MR. DOUG WILSHUSEN

Mailing Address 10634 BONDESSON CIR

City State Zip Code
OMAHA NE 68122-9700

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
PRE-WEL MANUFACTURING INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Transaction ID : SA17.250939

Date of Receipt

M M / D D / Y Y Y Y
07 14 2015

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

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

3500.00

Total This Period (last page this line number only)