

# **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)**

**MR. D. LESLIE TINDAL**

Mailing Address 1322 LES TINDAL RD

City	State	Zip Code
PINEWOOD	SC	29125-8820

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 ▼

600.00

**Transaction ID : SA17.1336284**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		24		2016

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**REBECCA TINDALL**

Mailing Address 244 WOODLAWN DRIVE

City	State	Zip Code
GREENVILLE	MS	38701-6369

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 ▼

500.00

**Transaction ID : SA17.1216801**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		04		2016

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**REBECCA TINDALL**

Mailing Address 244 WOODLAWN DRIVE

City	State	Zip Code
GREENVILLE	MS	38701-6369

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 ▼

500.00

**Transaction ID : SA17.1254993**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		12		2016

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

500.00

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