

**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 EXPLORATORY COMMITTEE

A. Full Name (Last, First, Middle Initial)
MRS. CLARYCE PALMER

Mailing Address 76956 COMANCHE LN

City State Zip Code
INDIAN WELLS CA 92210-8105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17.30249

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
HOWARD F. PARKER

Mailing Address 10990 WILSHIRE BLVD 8FL

City State Zip Code
LOS ANGELES CA 90024-3913

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HPVO, INC ACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.10290

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
DR. DANIEL PATERNOSTER DMV

Mailing Address 4770 CEMETERY ROAD

City State Zip Code
FOWLerville MI 48836-9550

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 ▼
700.00

Transaction ID : SA17.19650

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 3300.00

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