

**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)  
**MR. DARYL CHESTERMAN**

Mailing Address P.O. BOX 997

City State Zip Code  
ROYAL CITY WA 99357-0997

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

Name of Employer Occupation  
PARTS CITY AUTO SUPPLY AUTO PARTS SALES

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

**Transaction ID : SA17.950367**

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 13 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 1108 LEXINGTON AVE

City State Zip Code  
MONTEBELLO CA 90640-2581

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

Name of Employer Occupation  
WESTERN CORRUGATED DESIGN ACCOUNTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.1042054**

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 11 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 1108 LEXINGTON AVE

City State Zip Code  
MONTEBELLO CA 90640-2581

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

Name of Employer Occupation  
WESTERN CORRUGATED DESIGN ACCOUNTANT

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.678091**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 14 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
100.00

Memo Item

**Subtotal Of Receipts This Page** (optional).....▶ 200.00

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