

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. JACK DURIE

Mailing Address **611 N WYMORE RD SUITE 100**

City	State	Zip Code
WINTER PARK	FL	32789-2848

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

Name of Employer	Occupation
SELF EMPLOYED	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1100.00

Transaction ID : SA17.772579

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. JACK DURIE

Mailing Address **611 N WYMORE RD SUITE 100**

City	State	Zip Code
WINTER PARK	FL	32789-2848

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

Name of Employer	Occupation
SELF EMPLOYED	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1100.00

Transaction ID : SA17.941678

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. JACK DURIE

Mailing Address **611 N WYMORE RD SUITE 100**

City	State	Zip Code
WINTER PARK	FL	32789-2848

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

Name of Employer	Occupation
SELF EMPLOYED	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1100.00

Transaction ID : SA17.944949

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2015			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ _____ 300.00

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