

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)

MRS. LORALYN MCHENRY

Mailing Address **630 S. FRANKLIN ST**

City	State	Zip Code
BLOOMFIELD	IN	47424-1520

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Transaction ID : SA17.933911

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

CONTRIBUTION

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

MR. RICHARD E. MCHENRY

Mailing Address **1010 WILLOWCREEK RD**

City	State	Zip Code
CLEBURNE	TX	76033-6136

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1657.00

Transaction ID : SA17.1062084

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2015			

CONTRIBUTION

Amount of Each Receipt this Period

332.00

☐ Memo Item

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

MRS. ROSS MCHENRY

Mailing Address **219 FARMINGTON DR.**

City	State	Zip Code
FT MITCHELL	KY	41017-3184

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Transaction ID : SA17.823562

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1382.00

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