

**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)  
**CARLY FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**MS. JOANNE D. BRODIE**

Mailing Address **P.O. BOX 87**

City **BLOOMFIELD HILLS** State **MI** Zip Code **48303-0087**

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

Name of Employer **SELF-EMPLOYED** Occupation **EXECUTIVE ASSISTANT**

Receipt For: 2016  
 Primary  General  
 Other (specify) **1000.00**

**Transaction ID : SA17.228454**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 14 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address **8300 BURDETTE RD  
APT 462B**

City **BETHESDA** State **MD** Zip Code **20817-2801**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016  
 Primary  General  
 Other (specify) **280.00**

**Transaction ID : SA17.228378**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 14 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**105.00**

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

Mailing Address **3109 SHADY SPRINGS DRIVE**

City **LOUISVILLE** State **KY** Zip Code **40299-4575**

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

Name of Employer **UNITEDHEALTHCARE** Occupation **SALES**

Receipt For: 2016  
 Primary  General  
 Other (specify) **500.00**

**Transaction ID : SA17.228412**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 14 / 2015**

CONTRIBUTION

Amount of Each Receipt this Period  
**500.00**

**Subtotal Of Receipts This Page** (optional)..... **905.00**

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