

# **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)

**CARLY FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**MARY KLOTE**

Mailing Address 717 GOULDMAN LANE

City	State	Zip Code
GREAT FALLS	VA	22066-2936

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
U.S. ARMY

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

753.00

**Transaction ID : SA17.267102**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

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

**JOSEPH LAMONT**

Mailing Address P.O. BOX 3517

City	State	Zip Code
MANCHESTER	NH	03105-3517

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
LAMONT, HANLEY & ASSOCIATES, INC.

Occupation  
ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

**Transaction ID : SA17.267090**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

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

**MR. IVAN LANGLEY**

Mailing Address 16475 SE WOODLAND HEIGHTS ROAD

City	State	Zip Code
AMITY	OR	97101-2137

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 : SA17.272581**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		18		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

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

300.00

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