

# **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)**

**HOWARD KLEIN**

Mailing Address 24915 RIVERS EDGE RD

City	State	Zip Code
MILLSBORO	DE	19966-7218

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 ▼

250.00

**Transaction ID : SA17.301399**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

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

**ROBERT KLINE**

Mailing Address 11917 KINGBIRD CT.

City	State	Zip Code
PENN VALLEY	CA	95946-9652

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 ▼

275.00

**Transaction ID : SA17.299877**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

**C. 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 : SA17.298277**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

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

400.00

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