

# **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 : SA17.307120**

Date of Receipt

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

**CONTRIBUTION**

Amount of Each Receipt this Period

403.00

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

**MRS. MARGOT KNIGHT**

Mailing Address 5248 E. ARROYO ROAD

City	State	Zip Code
PARADISE VALLEY	AZ	85253-3322

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.301470**

Date of Receipt

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

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

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

**BRANTLEY KNOWLES**

Mailing Address 248 SANFORD AVE

City	State	Zip Code
PALM BEACH	FL	33480-3620

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 ▼

500.00

**Transaction ID : SA17.305366**

Date of Receipt

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

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

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

1903.00

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