

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3300 / 3813

<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)**

**NANCY LYNN AUTH**

Mailing Address 490 S. BEACH RD

City

HOBE SOUND

State

FL

Zip Code

33455-2705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.331978**

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

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

**CAPT. BOB AVERY**

Mailing Address INFO REQUESTED

City

LAS VEGAS

State

NV

Zip Code

89134-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FEDEX

Occupation

PILOT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1013.00

**Transaction ID : SA17.321962**

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

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

**ROBERT AYERS**

Mailing Address 1300 FAIRWAY VILLAGE DRIVE

City

FLEMING ISLAND

State

FL

Zip Code

32003-8398

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 : SA17.325039**

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

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

3250.00

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