

**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)

Marco Rubio for President

A. Full Name (Last, First, Middle Initial)
MRS. KIMBERLEE F. HOTHERSALL

Mailing Address 2935 PONY LANE

City State Zip Code
SARASOTA FL 34232-4435

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HCA DOCTORS HOSPITAL OF SARASOTA MEDICAL TECHNOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.858773

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="120.00"/>

B. Full Name (Last, First, Middle Initial)
MRS. KIMBERLEE F. HOTHERSALL

Mailing Address 2935 PONY LANE

City State Zip Code
SARASOTA FL 34232-4435

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HCA DOCTORS HOSPITAL OF SARASOTA MEDICAL TECHNOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.863481

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2015			

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial)
MRS. KIMBERLEE F. HOTHERSALL

Mailing Address 2935 PONY LANE

City State Zip Code
SARASOTA FL 34232-4435

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HCA DOCTORS HOSPITAL OF SARASOTA MEDICAL TECHNOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.883504

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

CONTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="300.00"/>

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

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