

**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)  
MR. RICHARD K. SMITH**

Mailing Address 13471 ALPINE AVE

City SEMINOLE State FL Zip Code 33776-3030

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 ▼  
281.00

**Transaction ID : SA17.887977**

Date of Receipt

M M / D D / Y Y Y Y  
11 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

50.00

**B. Full Name (Last, First, Middle Initial)  
MR. RICHARD K. SMITH**

Mailing Address 13471 ALPINE AVE

City SEMINOLE State FL Zip Code 33776-3030

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 ▼  
281.00

**Transaction ID : SA17.916855**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 22 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

100.00

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

Mailing Address 45-52 171ST STREET

City FLUSHING State NY Zip Code 11358-3340

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation SECURITIES ANALYST/PORTFOLIO MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.921597**

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

500.00

**Subtotal Of Receipts This Page (optional)**.....▶ 650.00

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