

**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. ROBERT M. SCORDINO**

Mailing Address 500 HARLAND AVENUE

City MELBOURNE BEACH State FL Zip Code 32951-2114

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
240.00

Transaction ID : SA17.750460

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
200.00

**B. Full Name (Last, First, Middle Initial)
MRS. CAROL K. SCOTTI**

Mailing Address 715 N BEVERLY DR

City BEVERLY HILLS State CA Zip Code 90210-3321

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
410.00

Transaction ID : SA17.750608

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
150.00

**C. Full Name (Last, First, Middle Initial)
MR. GEOFFREY W SCOTT**

Mailing Address 2317 HOGAN DRIVE

City INDIANAPOLIS State IN Zip Code 46229-1847

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

Name of Employer Occupation
VOLUNTEER RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17.771845

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 450.00

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