

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)

Marco Rubio for President

A. Full Name (Last, First, Middle Initial)

MS. BARBARA FLORIDA

Mailing Address **4807 BENTREE AVENUE**

City LONG BEACH	State CA	Zip Code 90807-1051
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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 ▼

290.00

Transaction ID : SA17.1076306

Date of Receipt

03 / 09 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

MR. KENNETH MARSHALL FLORY

Mailing Address **1200 MONTCLAIR ST**

City LONGVIEW	State TX	Zip Code 75601-3564
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FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

GOOD SHEPHERS PHYSICIANS

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Transaction ID : SA17.1065017

Date of Receipt

03 / 03 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

ELANE FLOWER-MAUDLIN

Mailing Address **P. O BOX 1553**

City PAONIA	State CO	Zip Code 81428-8053
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FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Transaction ID : SA17.1143472

Date of Receipt

03 / 07 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

1085.00

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