

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)

MR. DAVID MOSS

Mailing Address 4721 SPRINGBROOK DRIVE

City	State	Zip Code
ANNANDALE	VA	22003-3934

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 ▼

300.00

Transaction ID : SA17.1144944

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		13		2016

CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

MR. WESLEY MOTE

Mailing Address 140 SW 16TH ST

City	State	Zip Code
MOORE	OK	73160-5325

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Transaction ID : SA17.1068116

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		04		2016

CONTRIBUTION

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

MR. EMIL C. MOTL

Mailing Address P.O. BOX 1166

City	State	Zip Code
MONTICELLO	NY	12701-8166

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17.1127113

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		14		2016

CONTRIBUTION

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

775.00

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