

# **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)**

**A. L. ROBINSON**

Mailing Address 2810 WILD PLUM CT

City

COLUMBIA

State

MO

Zip Code

65201-3518

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 ▼

660.00

**Transaction ID : SA17.852060**

Date of Receipt

**10 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

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

**A. L. ROBINSON**

Mailing Address 2810 WILD PLUM CT

City

COLUMBIA

State

MO

Zip Code

65201-3518

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 ▼

660.00

**Transaction ID : SA17.890482**

Date of Receipt

**12 / 03 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

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

**ARMSTRONG ROBINSON**

Mailing Address 3921 TERRY PLACE

City

ALEXANDRIA

State

VA

Zip Code

22304-1737

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PRIME POLICY GROUP

Occupation  
DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.922717**

Date of Receipt

**12 / 31 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

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

600.00

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