

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. NANCY JANE VICTORY

Mailing Address 9559 BELL DRIVE

City	State	Zip Code
GREAT FALLS	VA	22066-3723

FEC ID number of contributing
federal political committee.

C

Name of Employer
WILEY REIN L.L.P.

Occupation
PARTNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

Transaction ID : SA17.879119B

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

CONTRIBUTION

Amount of Each Receipt this Period

-2300.00

[MEMO ITEM]

REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MS. NANCY JANE VICTORY

Mailing Address 9559 BELL DRIVE

City	State	Zip Code
GREAT FALLS	VA	22066-3723

FEC ID number of contributing
federal political committee.

C

Name of Employer
WILEY REIN L.L.P.

Occupation
PARTNER

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

Transaction ID : SA17.879213

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2015

CONTRIBUTION

Amount of Each Receipt this Period

2300.00

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. SAMUEL VICTOR

Mailing Address 11150 SANTA MONICA BLVD. #825

City	State	Zip Code
LOS ANGELES	CA	90025-3988

FEC ID number of contributing
federal political committee.

C

Name of Employer
BALMORAL ADVISORY SERVICES

Occupation
INVESTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Transaction ID : SA17.890974

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2015

CONTRIBUTION

Amount of Each Receipt this Period

5000.00

REATTRIBUTION / REDESIGNATION REQUESTED

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

5000.00

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