

# **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. CATHERINE GIULIANI**

Mailing Address 29-12 161ST STREET

City	State	Zip Code
FLUSHING	NY	11358-1319

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RG GROUP

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

322.00

**Transaction ID : SA17.769404**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

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

**MS. CATHERINE GIULIANI**

Mailing Address 29-12 161ST STREET

City	State	Zip Code
FLUSHING	NY	11358-1319

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RG GROUP

Occupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

322.00

**Transaction ID : SA17.796843**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			17			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

15.00

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

**MR. PAUL C. GIULIANO**

Mailing Address 27 MOCCASIN LANE

City	State	Zip Code
ROLLING HILLS ESTATES	CA	90274-2506

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
GIULIANO'S DELICATESSEN

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.765902**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

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

1765.00

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