

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. TOMMY A. TAMARGO

Mailing Address 3203 GRENADA WAY

City	State	Zip Code
TAMPA	FL	33618-3005

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 ▼

500.00

Transaction ID : SA17.940189

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			12			2016			

CONTRIBUTION

Amount of Each Receipt this Period

250.00

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

MR. FERNANDO TAMAYO

Mailing Address 7040 SW 79TH COURT

City	State	Zip Code
MIAMI	FL	33143-2608

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 ▼

2700.00

Transaction ID : SA17.939534

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			12			2016			

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

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

MRS. MARITZA TAMAYO

Mailing Address 2424 W TAMPA BAY BLVD APT M302

City	State	Zip Code
TAMPA	FL	33607-1354

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 ▼

325.00

Transaction ID : SA17.957169

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			27			2016			

CONTRIBUTION

Amount of Each Receipt this Period

50.00

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

3000.00

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