

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

<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)  
**MRS. NANCY ALVORD**

Mailing Address 6301 NE WINDERMERE ROAD

City SEATTLE State WA Zip Code 98105-2053

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 ▼  
2700.00

**Transaction ID : SA17.806820**

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD W. ALVORD**

Mailing Address 6301 NE WINDERMERE ROAD

City SEATTLE State WA Zip Code 98105-2053

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 ▼  
2700.00

**Transaction ID : SA17.806805B**

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

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

Mailing Address 434 PALM TRAIL

City DELRAY BEACH State FL Zip Code 33483-5628

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 ▼  
350.00

**Transaction ID : SA17.797919**

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2015

CONTRIBUTION

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 250.00

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