

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)

BRUCE HOTZE

Mailing Address 5219 SHADY RIVER DRIVE
2

City State Zip Code
HOUSTON TX 77056-1324

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMPRESSOR ENGINEERING CORP.

Occupation
CHAIRMAN OF THE BOARD

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Transaction ID : SA17.1053932

Date of Receipt

M M / D D / Y Y Y Y
02 29 2016

CONTRIBUTION

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

DAVID HOUGHTON

Mailing Address 1570 E 575 N

City State Zip Code
LAYTON UT 84040-3635

FEC ID number of contributing
federal political committee.

C

Name of Employer
INTERMOUNTAIN HEALTHCARE

Occupation
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

541.00

Transaction ID : SA17.1006112

Date of Receipt

M M / D D / Y Y Y Y
02 11 2016

CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

DAVID HOUGHTON

Mailing Address 1570 E 575 N

City State Zip Code
LAYTON UT 84040-3635

FEC ID number of contributing
federal political committee.

C

Name of Employer
INTERMOUNTAIN HEALTHCARE

Occupation
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

541.00

Transaction ID : SA17.1034417

Date of Receipt

M M / D D / Y Y Y Y
02 24 2016

CONTRIBUTION

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

150.00

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