

**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)**

**DR. ROBERT COHENOUR**

Mailing Address 6950 CALLE DIA

City State Zip Code  
CAMARILLO CA 93012-9033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF NEUROLOGIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1100.00

**Transaction ID : SA17.890898**

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
750.00

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

**MR. STEVEN M. COHEN**

Mailing Address 3 TRAILS END

City State Zip Code  
CHAPPAQUA NY 10514-1617

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ELLIOTT MANAGEMENT TRADER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.895009**

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

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

**MR. JESSE A. COHN**

Mailing Address 40 W. 57TH STREET

City State Zip Code  
NEW YORK NY 10019-4001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ELLIOTT MANAGEMENT PORTFOLIO MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.895011**

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page (optional)**.....▶ 6150.00

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