

**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)  
**J. LEWIS COOPER**

Mailing Address 743 LOCHMOOR BLVD.

City State Zip Code  
GROSSE POINTE WOODS MI 48236-4008

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
GREAT LAKES WINE & SPIRITS BOARD MEMBER

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

**Transaction ID : SA17.894214**

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 08 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. LEON G. COOPERMAN**

Mailing Address 8101 SEVENTH AVENUE 33RD FLOOR

City State Zip Code  
NEW YORK NY 10019-

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
OMEGA ADVISORS, INC. MONEY MANAGER

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

**Transaction ID : SA17.898900**

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

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

Mailing Address 1633 BROADWAY FLOOR 7

City State Zip Code  
NEW YORK NY 10019-7637

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

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

**Transaction ID : SA17.898877**

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

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

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