

**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)
JEB 2016, INC.

A. Full Name (Last, First, Middle Initial)
KYLE KNIFFEN

Mailing Address **358 GREENWICH ST
#358B**

City **NEW YORK** State **NY** Zip Code **10013-2332**

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

Name of Employer **BANK OF AMERICA** Occupation **VICE PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.142305

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MRS. BARBARA KNIGHT

Mailing Address **331 GERSHWIN DR**

City **HOUSTON** State **TX** Zip Code **77079-7331**

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

Name of Employer **SAFANAD** Occupation **COMMUNICATIONS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.141534

Date of Receipt
M M / D D / Y Y Y Y
08 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
DR. J. MATTHEW KNIGHT

Mailing Address **2100 VIA TUSCANY**

City **WINTER PARK** State **FL** Zip Code **32789-1237**

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

Name of Employer **J. MATTHEW KNIGHT, M.D., P.A.** Occupation **PHYSICIAN - DERMATOLOGIST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.148083

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **3950.00**

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