

**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)
MRS. JESSICA LANGHAIM

Mailing Address **1758 N RHODES ST
APT 342**

City **ARLINGTON** State **VA** Zip Code **22201-3108**

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

Name of Employer **FOUNDATION FOR EXCELLENCE IN EDUCATION** Occupation **NATIONAL ADVOCACY DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17.154266

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MS. PAMELA LANGHAM

Mailing Address **420 CANTERBURY LN**

City **GULF BREEZE** State **FL** Zip Code **32561-4417**

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

Name of Employer **PAMELA E. LANGHAM, P.A.** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.126189

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MRS. ALLISON W. LANGLEY

Mailing Address **416 WINDSOR DR**

City **BIRMINGHAM** State **AL** Zip Code **35209-4430**

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

Name of Employer **BALCH & BINGHAM** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.148539

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **1500.00**

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