

**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)
MARK SERUYA

Mailing Address **1211 AVENUE OF THE AMERICAS
34TH FLOOR**

City **NEW YORK** State **NY** Zip Code **10036-8701**

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

Name of Employer **MORGAN STANLEY** Occupation **ADVISOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.128029

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
MICHAEL MOSHE SEVI

Mailing Address **685 GRAMATAN AVE
APT 2**

City **FLEETWOOD** State **NY** Zip Code **10552-1605**

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

Name of Employer **MARSH & MCLENNAN** Occupation **SENIOR RISK & COMPLIANCE OFFICER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Transaction ID : SA17.136297

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DR. GINA SEVIGNY

Mailing Address **1325 OAK FOREST DR**

City **ORMOND BEACH** State **FL** Zip Code **32174-4023**

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

Name of Employer **SELF-EMPLOYED** Occupation **DERMATOLOGIST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.153929

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

CONTRIBUTION

Amount of Each Receipt this Period
1700.00

Subtotal Of Receipts This Page (optional)..... **5200.00**

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