

**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. PAMELA C. ROBERTS

Mailing Address **702 NORTH FOREST DRIVE**

City **TALLAHASSEE** State **FL** Zip Code **32303-5169**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17.114331

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
MRS. SUZETTE ROBERTI

Mailing Address **555-5TH AVENUE NORTHEAST
SUITE 324**

City **SAINT PETERSBURG** State **FL** Zip Code **33701-2670**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17.115111

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
MS. SUZANNA A. ROBERTS

Mailing Address **1251 SOUTHEAST ILLUSION ISLE WAY**

City **STUART** State **FL** Zip Code **34997-7610**

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

Name of Employer **PALM BEACH GRADING** Occupation **EXECUTIVE ASSISTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17.122974

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
 2700.00

Subtotal Of Receipts This Page (optional).....▶ **8100.00**

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