

**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. CATHERINE J. MARTIN**

Mailing Address 3020 CAMBRIDGE PL NW

City WASHINGTON State DC Zip Code 20007-2913

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 : SA17.164647**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**CESAR MARTINEZ**

Mailing Address 13227 TRENTWOOD

City SAN ANTONIO State TX Zip Code 78231-2256

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

Name of Employer **MAS CONSULTING GROUP** Occupation **ADVERTISING**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : SA17.163128**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 26 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. CIRA M. MARTI**

Mailing Address 18203 SW 232ND ST

City MIAMI State FL Zip Code 33170-5427

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

Name of Employer **MARTI AUTO SERVICE** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : SA17.161310**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 5900.00

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