

**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)
MS. HEATHER K. WINGATE

Mailing Address **6421 DIVINE ST
STE 800**

City **MCLEAN** State **VA** Zip Code **22101-4703**

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

Name of Employer **METLIFE** Occupation **SVP, GOVERNMENT RELATIONS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17.143966

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
ETHAN WINGFIELD

Mailing Address **73 E LAKE ST
APT 3003**

City **CHICAGO** State **IL** Zip Code **60601-5973**

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

Name of Employer **CAPITAL ONE FINANCIAL CORP** Occupation **DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.140499

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DR. WILLIAM WINKENWERDER JR.

Mailing Address **PO BOX 408**

City **MILL NECK** State **NY** Zip Code **11765-0408**

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

Name of Employer **WINKENWERDER STRATEGIES, LLC** Occupation **HEALTHCARE CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.144293

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **4700.00**

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