

**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)  
**MR. MARC J. SCHEINESON**

Mailing Address 1016 GELSTON CIR

City State Zip Code  
MCLEAN VA 22102-2108

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

Name of Employer Occupation  
ALSTON & BIRD LLP ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : SA17.151832**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH B. SCHELLER**

Mailing Address 1 N BREAKERS ROW  
APT 351

City State Zip Code  
PALM BEACH FL 33480-4014

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.126421**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH MARSHALL SCHELL**

Mailing Address 15004 PRATOLINO WAY

City State Zip Code  
NAPLES FL 34110-2717

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.123765**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 09 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 4200.00

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