

**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. BRENDAN V. SULLIVAN JR.**

Mailing Address 4926 ROCKWOOD PKWY NW

City WASHINGTON State DC Zip Code 20016-3211

FEC ID number of contributing federal political committee.

Name of Employer WILLIAMS & CONNOLLY LLP Occupation LAWYER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.124225**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHRIS T. SULLIVAN**

Mailing Address 3717 W NORTH B ST

City TAMPA State FL Zip Code 33609-1335

FEC ID number of contributing federal political committee.

Name of Employer SELF-EMPLOYED Occupation PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.154128**

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

**CONTRIBUTION**

Amount of Each Receipt this Period

**REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)**

**C.** Full Name (Last, First, Middle Initial)  
**MR. FRANK C. SULLIVAN**

Mailing Address 27320 LAKE RD

City BAY VILLAGE State OH Zip Code 44140-2070

FEC ID number of contributing federal political committee.

Name of Employer R.P.M. INTERNATIONAL INC. Occupation CHAIRMAN & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.157257**

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

**CONTRIBUTION**

Amount of Each Receipt this Period

**SEE REATTRIBUTION**

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

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