

**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. MARY L. HOWELL**

Mailing Address 4605 ROCK SPRING ROAD

City State Zip Code  
ARLINGTON VA 22207-4240

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

Name of Employer Occupation  
HOWELL STRATEGY GROUP SELF-EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.110025**

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 17 / 2015

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. C. A. HOWLETT**

Mailing Address 7616 EAST KRALL STREET

City State Zip Code  
SCOTTSDALE AZ 85250-4657

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

Name of Employer Occupation  
INDIGO PARTNERS LLC PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.119706**

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

**CONTRIBUTION**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**WEI CHUNG B. HU**

Mailing Address 32 BUTLER ROAD

City State Zip Code  
SCARSDALE NY 10583-2214

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

Name of Employer Occupation  
CITIGROUP CHIEF RISK OFFICER

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : SA17.119789**

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).....▶