

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)
KAREN M. KIRKSEY

Mailing Address **13924 KING GEORGE WAY**

City **UPPER MARLBORO** State **MD** Zip Code **20772-5950**

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

Name of Employer **MARYLAND DEPARTMENT OF TRANSPORTATION** Occupation **STATE LEGISLATIVE OFFICER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Transaction ID : SA17.118903

Date of Receipt

MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
MR. DAVID KIRSCHNER

Mailing Address **7307 FLORANADA WAY**

City **DELRAY BEACH** State **FL** Zip Code **33446-2372**

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

Name of Employer **GOLDMAN SACHS** Occupation **INVESTMENT MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2700.00**

Transaction ID : SA17.119918

Date of Receipt

MM / DD / YYYY
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
MR. THOMAS L. KIRSCH

Mailing Address **1513 WILDERNESS DRIVE**

City **SCHERERVILLE** State **IN** Zip Code **46375-2907**

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

Name of Employer **WINSTON & STRAWN** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Transaction ID : SA17.116384

Date of Receipt

MM / DD / YYYY
06 / 29 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

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

3950.00

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

3950.00