

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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)

DR. KENNETH M. FLORY

Mailing Address 1200 MONTCLAIR ST

City
LONGVIEW

State Zip Code
TX 75601-3564

FEC ID number of contributing
federal political committee.

C

Name of Employer
GOOD SHEPHERD PHYSICIAN NETWORK

Occupation
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : SA17.188478

Date of Receipt

01 / 27 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

DR. C. EDWARD FLOYD

Mailing Address 805 PAMPLICO HWY
STE A230

City
FLORENCE

State Zip Code
SC 29505-6057

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAROLINAS MEDICAL ALLIANCE

Occupation
SURGEON

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Transaction ID : SA17.183908

Date of Receipt

01 / 12 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

2000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

SEAN FLYNN

Mailing Address 221 S LAKE DR

City
STAMFORD

State Zip Code
CT 06903-1032

FEC ID number of contributing
federal political committee.

C

Name of Employer
INTERACTIVE BROKERS GROUP

Occupation
FINANCE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Transaction ID : SA17.184417

Date of Receipt

01 / 12 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

4000.00

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