

**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="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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JEB 2016, INC.

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL J. WARD

Mailing Address 1908 RIVER ROAD

City JACKSONVILLE State FL Zip Code 32207-3904

FEC ID number of contributing federal political committee.

Name of Employer CSX CORPORATION Occupation CHAIRMAN & CEO/RAILROADER

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date

Transaction ID : SA17.114538

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MRS. MISTY D. WARD

Mailing Address 247 SOUTH COVE TERRACE ROAD

City PANAMA CITY State FL Zip Code 32401-4038

FEC ID number of contributing federal political committee.

Name of Employer GULF COAST DERMATOLOGY Occupation NURSE

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date

Transaction ID : SA17.120035

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

SEE REATTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. JON R. WARD

Mailing Address 2505 HARRISON AVENUE

City PANAMA CITY State FL Zip Code 32405-4423

FEC ID number of contributing federal political committee.

Name of Employer GULF COAST DERMATOLOGY Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date

Transaction ID : SA17.120036

Date of Receipt
M M / D D / Y Y Y Y

CONTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

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

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