

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. JAVIER VIZOSO M.D.		Date of Disbursement MM / DD / YYYY 02 / 24 / 2016
Mailing Address 1114 HARDEE RD		Transaction ID : SB28A.I27977
City CORAL GABLES	State FL	
Purpose of Disbursement CONTRIBUTION REFUND	<input type="checkbox"/>	Amount of Each Disbursement this Period 100.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. LEESA WAGNER		Date of Disbursement MM / DD / YYYY 02 / 25 / 2016
Mailing Address 860 UNITED NATIONS PLZ APT 37A		Transaction ID : SB28A.I28153
City NEW YORK	State NY	
Purpose of Disbursement CONTRIBUTION REFUND	<input type="checkbox"/>	Amount of Each Disbursement this Period 2700.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. LEON M. WAGNER		Date of Disbursement MM / DD / YYYY 02 / 25 / 2016
Mailing Address 860 UNITED NATIONS PLZ APT 37A		Transaction ID : SB28A.I28152
City NEW YORK	State NY	
Purpose of Disbursement CONTRIBUTION REFUND	<input type="checkbox"/>	Amount of Each Disbursement this Period 2700.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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