

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

The Committee to Elect JD Winteredd

ADDRESS (number and street) ▼

PO Box 471

Check if different than previously reported. (ACC)

Troy

OH

45373

2. **FEC IDENTIFICATION NUMBER** ▼

C C00551465

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

OH

08

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Beth Cox

Signature of Treasurer Beth Cox

[Electronically Filed]

Date

/ /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

The Committee to Elect JD Winteredd

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	20452.72	20452.72
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	20452.72	20452.72
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2045.63	2045.63
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2045.63	2045.63
8. Cash on Hand at Close of Reporting Period (from Line 27).....	19915.96	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

The Committee to Elect JD Winterredd

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13900.00	13900.00
(ii) Unitemized.....	6552.72	6552.72
(iii) TOTAL of contributions from individuals ▶	20452.72	20452.72
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	20452.72	20452.72
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	20452.72	20452.72

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2045.63	2045.63
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2045.63	2045.63

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1508.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20452.72
25. SUBTOTAL (add Line 23 and Line 24).....	21961.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2045.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	19915.96

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 5 OF 13
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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)
The Committee to Elect JD Winterredd

A. Full Name (Last, First, Middle Initial)
Ben Bahun

Mailing Address 10850 New Carlisle Park

City State Zip Code
New Carlisle OH 45344

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

Name of Employer self Occupation president

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015

Transaction ID : SA11AI.4318

Amount of Each Receipt this Period
250.00

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

Mailing Address 3895 SE 20 St

City State Zip Code
Ocala FL 34471

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

Name of Employer self Occupation dentist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2015

Transaction ID : SA11AI.4185

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code
Gouldsboro PA

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

Name of Employer n/a Occupation n/a

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015

Transaction ID : SA11AI.4133

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
The Committee to Elect JD Winteredd

Full Name (Last, First, Middle Initial) A. Walter Curt		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015	
Mailing Address 7372 Campaign Dr		Transaction ID : SA11AI.4381	
City Port Republic	State VA	Zip Code 24471	Amount of Each Receipt this Period _____ 2700.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Power Monitors, Inc.	Occupation president		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2700.00		

Full Name (Last, First, Middle Initial) B. John Day		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2015	
Mailing Address 614 Runyon Ave		Transaction ID : SA11AI.4250	
City Piscataway	State NJ	Zip Code 08854	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer IEEE	Occupation Marketing		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) C. Kara Echelman		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015	
Mailing Address		Transaction ID : SA11AI.4361	
City Monroe	State OH	Zip Code 45050	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee.		C	
Name of Employer General Electric	Occupation engineer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 3150.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
The Committee to Elect JD Winteredd

A. Full Name (Last, First, Middle Initial)
Christopher Ekstrom

Mailing Address 25 Highland Park Vlg
Ste 100

City Dallas State TX Zip Code 75205

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

Name of Employer self Occupation investments

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4330

Amount of Each Receipt this Period
500.00

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

Mailing Address 2 Parkway Dr

City Tom's River State NJ Zip Code 08753

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

Name of Employer UPS Occupation driver

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 23 / 2015

Transaction ID : SA11AI.4226

Amount of Each Receipt this Period
400.00

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

Mailing Address 1 Hughes Center Dr.
Unit 1904

City Las Vegas State NV Zip Code 89169

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

Name of Employer College Loan Corp Occupation board member

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 22 / 2015

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period
2700.00

SUBTOTAL of Receipts This Page (optional).....

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

3600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
The Committee to Elect JD Winterredd

A. Full Name (Last, First, Middle Initial)
Richard Knodel

Mailing Address 7515 Dover Dr

City State Zip Code
West Chester OH 45069

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

Name of Employer Occupation
SW OH Reformed Presbyterian Ch clergy

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2015

Transaction ID : SA11AI.4205

Amount of Each Receipt this Period
250.00

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

Mailing Address 7630 Salem Woods Dr

City State Zip Code
Northville MI 48168

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

Name of Employer Occupation
self biochemical engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.4326

Amount of Each Receipt this Period
250.00

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

Mailing Address 1993 Main St

City State Zip Code
Galloway OH 43119

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

Name of Employer Occupation
self trainer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2015

Transaction ID : SA11AI.4209

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
The Committee to Elect JD Winterredd

A. Full Name (Last, First, Middle Initial)
Brad Marston

Mailing Address 90 Beacon St
Unit 2

City Boston State MA Zip Code 02108

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

Name of Employer 4Tier Strategies Occupation partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
205.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 03 / 2015

Transaction ID : SA11AI.4121

Amount of Each Receipt this Period
200.00

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

Mailing Address 13339 Calhoun Ct

City Pickerington State OH Zip Code 43147

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

Name of Employer n/a Occupation n/a

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 28 / 2015

Transaction ID : SA11AI.4154

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 67

City Covington State OH Zip Code 45318

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

Name of Employer Rudy Inc. Occupation grain trade

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 26 / 2015

Transaction ID : SA11AI.4152

Amount of Each Receipt this Period
2700.00

SUBTOTAL of Receipts This Page (optional).....

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

3150.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 OF 13
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
The Committee to Elect JD Winterredd

A. Full Name (Last, First, Middle Initial)
Allen Simon

Mailing Address 1383 N Criss St

City State Zip Code
Chandler AZ 85226

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

Name of Employer Occupation
n/a retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2015

Transaction ID : SA11AI.4467

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1383 N Criss St

City State Zip Code
Chandler AZ 85226

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

Name of Employer Occupation
n/a retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2015

Transaction ID : SA11AI.4217

Amount of Each Receipt this Period
500.00

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

Mailing Address

City State Zip Code
Vandalia OH 45377

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

Name of Employer Occupation
Automation Technology, Inc. engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.4340

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
The Committee to Elect JD Winteredd

A. Full Name (Last, First, Middle Initial)
Chris Wysocki

Mailing Address 15 Cedars Rd

City Caldwell State NJ Zip Code

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

Name of Employer Data Life Assoc. Inc. Occupation CTO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2015

Transaction ID : SA11AI.4236

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1905 E University Dr

City Tempe State AZ Zip Code 85281

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

Name of Employer SAS Tempe, Inc Occupation owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2015

Transaction ID : SA11AI.4215

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

750.00

13900.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
The Committee to Elect JD Winteredd

Full Name (Last, First, Middle Initial) A. US Bank		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2015
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 149.00
City St. Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement credit line payment	Transaction ID : SB17.4411
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. US Bank		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2015
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 2.00
City St. Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement analysis service charge	Transaction ID : SB17.4420
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. US Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2015
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 500.00
City St. Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement credit line payment	Transaction ID : SB17.4414
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	651.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 13			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
The Committee to Elect JD Winteredd

Full Name (Last, First, Middle Initial) A. US Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 500.00
City St. Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement credit line payment	Transaction ID : SB17.4413
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Wandering Willow		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address PO Box 471		Amount of Each Disbursement this Period 514.80
City Troy	State OH	
Zip Code 45373	Purpose of Disbursement website design	Transaction ID : SB17.4418
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1014.80
TOTAL This Period (last page this line number only).....	1665.80