

# 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 Winteregg

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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

**The Committee to Elect JD Winteregg**

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))....	12143.52	36668.35
(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)).....	12143.52	36668.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	24612.29	31123.36
(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)).....	24612.29	31123.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6248.86	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	7267.13	

**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 Winteregg

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).....	6395.16	23045.16
(ii) Unitemized .....	5748.36	13623.19
(iii) TOTAL of contributions from individuals .....	12143.52	36668.35
(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))..	12143.52	36668.35
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).....	12143.52	36668.35

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24612.29	31123.36
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	24612.29	31123.36

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18717.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12143.52
25. SUBTOTAL (add Line 23 and Line 24).....	30861.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24612.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6248.86

**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 22  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Sandra Armbruster**

Mailing Address 123 Shaftsbury Rd

City State Zip Code  
Troy OH 45373

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

Name of Employer Occupation  
n/a 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 Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.5025**

Amount of Each Receipt this Period  
100.00

Memo Item  
of

**B.** Full Name (Last, First, Middle Initial)  
**Aaron Baldauff**

Mailing Address PO Box 31

City State Zip Code  
South Charleston OH 45368

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

Name of Employer Occupation  
United States engineer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2015

**Transaction ID : SA11AI.4801**

Amount of Each Receipt this Period  
50.00

Memo Item  
OL

**C.** Full Name (Last, First, Middle Initial)  
**Donald Birdsall**

Mailing Address 181 Copperfield Dr

City State Zip Code  
Dayton OH 45415

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

Name of Employer Occupation  
Hogan director of marketing

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  
 07 / 09 / 2015

**Transaction ID : SA11AI.4779**

Amount of Each Receipt this Period  
150.00

Memo Item  
check

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

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

300.00

**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 22
	<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 Winteregg**

**A.** Full Name (Last, First, Middle Initial)  
**Doug Cook**

Mailing Address 9564 Earnest Rd

City Bradford State OH Zip Code 45308

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

Name of Employer **EMC** Occupation **Solutions Architect**

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  
**07 / 09 / 2015**

**Transaction ID : SA11AI.4773**

Amount of Each Receipt this Period  
**250.00**

Memo Item check

**B.** Full Name (Last, First, Middle Initial)  
**Kevin DeOrnellas**

Mailing Address PO Box 9399

City Tyler State TX Zip Code 75711

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

Name of Employer **Universal Time Equipment** Occupation **CEO**

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  
**09 / 28 / 2015**

**Transaction ID : SA11AI.5021**

Amount of Each Receipt this Period  
**1000.00**

Memo Item ol

**C.** Full Name (Last, First, Middle Initial)  
**JoAnn Galich**

Mailing Address 2614 Smith Barry Rd.

City Pantego State TX Zip Code 76013

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

Name of Employer **retired** Occupation **retired**

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  
**07 / 01 / 2015**

**Transaction ID : SA11AI.4785**

Amount of Each Receipt this Period  
**250.00**

Memo Item OL

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

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

**1500.00**

**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 7 OF 22
	<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 Winteregg**

**A.** Full Name (Last, First, Middle Initial)  
**Eric Holzaphel**

Mailing Address 7315 Indian Hill Rd.

City State Zip Code  
Cinti OH 45243

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

Name of Employer Occupation  
Dinsmore & Shohl lawyer

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  
07 / 09 / 2015

**Transaction ID : SA11AI.4771**

Amount of Each Receipt this Period  
250.00

Memo Item check

**B.** Full Name (Last, First, Middle Initial)  
**Carol McCarty**

Mailing Address 1 Mallard Xing

City State Zip Code  
Raymond MS 39154

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

Name of Employer Occupation  
Clinton Autoplex manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
270.16

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 09 / 2015

**Transaction ID : SA11AI.4948**

Amount of Each Receipt this Period  
250.00

Memo Item ol

**C.** Full Name (Last, First, Middle Initial)  
**John McDonald**

Mailing Address 624 W. Conejo Ave

City State Zip Code  
Mountain House CA 95391

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

Name of Employer Occupation  
Silego marketing

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  
07 / 28 / 2015

**Transaction ID : SA11AI.4841**

Amount of Each Receipt this Period  
250.00

Memo Item

**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: PAGE 8 OF 22  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Linda McKowen**

Mailing Address 702 Dustin Ct.

City State Zip Code  
Tipp City OH 45371

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

Name of Employer Occupation  
n/a 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  
**07 / 09 / 2015**

**Transaction ID : SA11AI.4774**

Amount of Each Receipt this Period  
**125.00**

Memo Item check

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

Mailing Address 13339 Calhoun Ct

City State Zip Code  
Pickerington OH 43147

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

Name of Employer Occupation  
n/a n/a

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 09 / 2015**

**Transaction ID : SA11AI.4935**

Amount of Each Receipt this Period  
**250.00**

Memo Item ol

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

Mailing Address 13339 Calhoun Ct

City State Zip Code  
Pickerington OH 43147

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

Name of Employer Occupation  
n/a n/a

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**570.16**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2015**

**Transaction ID : SA11AI.5018**

Amount of Each Receipt this Period  
**20.16**

Memo Item ol

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

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

**395.16**



**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 22
	<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 Winteregg**

**A.** Full Name (Last, First, Middle Initial)  
**John Rhoad**

Mailing Address 1037 Glenn Ave

City Washington Courthouse State OH Zip Code 43160

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

Name of Employer n/a Occupation retired

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 Y  
 09 / 27 / 2015

**Transaction ID : SA11AI.5019**

Amount of Each Receipt this Period  
 100.00

Memo Item  
of

**B.** Full Name (Last, First, Middle Initial)  
**John Schnehain**

Mailing Address 554 Maplecreek Rd.

City Moscow State OH Zip Code 45153

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

Name of Employer self Occupation self-employed

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  
 07 / 09 / 2015

**Transaction ID : SA11AI.4769**

Amount of Each Receipt this Period  
 250.00

Memo Item  
check

**C.** Full Name (Last, First, Middle Initial)  
**James Smyers**

Mailing Address 13127 Scotchtown Rd.

City Beaverdam State VA Zip Code 23015

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

Name of Employer VMI Systems Occupation VP

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  
 09 / 10 / 2015

**Transaction ID : SA11AI.4952**

Amount of Each Receipt this Period  
 250.00

Memo Item  
of

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

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

**600.00**

**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 10 OF 22
	<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 Winteregg**

**A.** Full Name (Last, First, Middle Initial)  
**Anita Swan**

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.5037**

Amount of Each Receipt this Period  
1000.00

Memo Item  
ck

**B.** Full Name (Last, First, Middle Initial)  
**Rodney Walker**

Mailing Address 137 Bentwood Dr.

City Clinton State MS Zip Code 39056

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

Name of Employer self Occupation veterinarian

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  
 09 / 13 / 2015

**Transaction ID : SA11AI.4957**

Amount of Each Receipt this Period  
250.00

Memo Item  
ol

**C.** Full Name (Last, First, Middle Initial)  
**Elizabeth Whitley**

Mailing Address 180 Emblys Gap Rd.

City Roseland State VA Zip Code 22967

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

Name of Employer MAS Labor LLC Occupation owner

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  
 09 / 25 / 2015

**Transaction ID : SA11AI.4988**

Amount of Each Receipt this Period  
1000.00

Memo Item  
ol

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

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

2250.00

**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 22
	<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 Winteregg**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Wildman**

Mailing Address n/a

City n/a State Zip Code

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

Name of Employer self Occupation farmer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : SA11AI.5033**

Amount of Each Receipt this Period  
**100.00**

Memo Item  
of

**B.** Full Name (Last, First, Middle Initial)  
**Robert Williams**

Mailing Address 2788 Silver Maple Ct.

City Troy State OH Zip Code 45373

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

Name of Employer Gold Town Inc. Occupation CEO

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  
**09 / 29 / 2015**

**Transaction ID : SA11AI.5023**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
of

**C.** Full Name (Last, First, Middle Initial)  
**Marshall Wise**

Mailing Address 3045 Winding Trails Dr.

City Edgewood State KY Zip Code 41017

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

Name of Employer Allergy Partners Occupation allergist

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  
**08 / 04 / 2015**

**Transaction ID : SA11AI.4862**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
of

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

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

**600.00**

**6395.16**

**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 22			
	<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 Winteregg**

Full Name (Last, First, Middle Initial) <b>A. Corigraphics</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 1041 W. Main St.		Amount of Each Disbursement this Period 597.49
City Troy	State OH Zip Code 45373	
Purpose of Disbursement US Bank credit card: postcard printing		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought:	Disbursement For: 2016	<b>Transaction ID : SB17.5819</b>
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EventBrite</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address unknown		Amount of Each Disbursement this Period 64.29
City unknown	State OH Zip Code 45373	
Purpose of Disbursement US Bank credit card: tickets to Making the Right Choice straw poll		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought:	Disbursement For: 2016	<b>Transaction ID : SB17.5820</b>
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Expedia</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address 333 108th Ave NE		Amount of Each Disbursement this Period 214.74
City Bellevue	State WA Zip Code 98004	
Purpose of Disbursement US Bank credit card: hotel for EventBrite straw poll		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought:	Disbursement For: 2016	<b>Transaction ID : SB17.5822</b>
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 22			
	<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 Winteregg**

**A. Four Tier Strategies**

Full Name (Last, First, Middle Initial)  
Mailing Address 273 Roslindale Ave

City Roslindale State MA Zip Code 02131

Purpose of Disbursement website/wired payment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 02 / 2015

Amount of Each Disbursement this Period: 8000.00

Memo Item

Transaction ID : SB17.4847

**B. Four Tier Strategies**

Full Name (Last, First, Middle Initial)  
Mailing Address 273 Roslindale Ave

City Roslindale State MA Zip Code 02131

Purpose of Disbursement website fundraising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 02 / 2015

Amount of Each Disbursement this Period: 2215.52

Memo Item

Transaction ID : SB17.5053

**C. Four Tier Strategies**

Full Name (Last, First, Middle Initial)  
Mailing Address 273 Roslindale Ave

City Roslindale State MA Zip Code 02131

Purpose of Disbursement website fundraising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 30 / 2015

Amount of Each Disbursement this Period: 3000.00

Memo Item

Transaction ID : SB17.5055

**SUBTOTAL** of Disbursements This Page (optional) ..... 13215.52

**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 14 OF 22			
	<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 Winteregg**

Full Name (Last, First, Middle Initial) <b>A. Four Tier Strategies</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015		
Mailing Address 273 Roslindale Ave			Amount of Each Disbursement this Period 2384.62		
City Roslindale	State MA	Zip Code 02131	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5056</b>		
Purpose of Disbursement website fundraising		Category/ Type			
Candidate Name					
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>B. Four Tier Strategies</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015		
Mailing Address 273 Roslindale Ave			Amount of Each Disbursement this Period 2237.00		
City Roslindale	State MA	Zip Code 02131	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5058</b>		
Purpose of Disbursement website fundraising		Category/ Type			
Candidate Name					
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>C. Four Tier Strategies</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015		
Mailing Address 273 Roslindale Ave			Amount of Each Disbursement this Period 1000.00		
City Roslindale	State MA	Zip Code 02131	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5060</b>		
Purpose of Disbursement website fundraising		Category/ Type			
Candidate Name					
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5621.62
<b>TOTAL</b> 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 15 OF 22			
	<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 Winteregg**

Full Name (Last, First, Middle Initial) <b>A. Google Apps</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address online			Amount of Each Disbursement this Period 40.00
City Troy	State OH	Zip Code 45373	
Purpose of Disbursement US Bank credit card: campaign app		Category/ Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		<b>Transaction ID : SB17.5887</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Google Apps</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address online			Amount of Each Disbursement this Period 32.41
City Troy	State OH	Zip Code 45373	
Purpose of Disbursement US Bank credit card: campaign app		Category/ Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
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)		<b>Transaction ID : SB17.5888</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Mountaintop Media</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2015
Mailing Address P.O. Box 297			Amount of Each Disbursement this Period 4078.70
City Rodanthe	State NC	Zip Code 27968	
Purpose of Disbursement fundraising		Category/ Type 003	<input type="checkbox"/> Memo Item
Candidate Name			
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)		<b>Transaction ID : SB17.4848</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4078.70
<b>TOTAL</b> 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 16 OF 22	
	<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 Winteregg**

Full Name (Last, First, Middle Initial) <b>A. NationBuilder</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2015
Mailing Address 2520 S. Grand Ave.		Amount of Each Disbursement this Period 92.00
City Los Angeles	State CA	
Zip Code 90071	Purpose of Disbursement US Bank credit card: campaign software	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.5890</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NationBuilder</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015
Mailing Address 2520 S. Grand Ave.		Amount of Each Disbursement this Period 699.00
City Los Angeles	State CA	
Zip Code 90071	Purpose of Disbursement US Bank credit card: campaign software	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.5891</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NationBuilder</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 2520 S. Grand Ave.		Amount of Each Disbursement this Period 699.00
City Los Angeles	State CA	
Zip Code 90071	Purpose of Disbursement US Bank credit card: campaign software	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.5892</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 17 OF 22	
	<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 Winteregg**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 1761 West Main Street		Amount of Each Disbursement this Period 4.27
City Troy	State OH Zip Code 45373	
Purpose of Disbursement US Bank credit card: copying fee		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
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)	<b>Transaction ID : SB17.5811</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. US Bank Checking</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 31.00
City St. Louis	State MO Zip Code 63179	
Purpose of Disbursement analysis charge		<input type="checkbox"/> Memo Item
Candidate Name		
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)	<b>Transaction ID : SB17.5061</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. US Bank Visa Central Bill Account</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 96.44
City St. Louis	State MO Zip Code 63179-0408	
Purpose of Disbursement US Bank credit card: interest		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5896</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	31.00
<b>TOTAL</b> 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 18 OF 22	
	<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 Winteregg**

Full Name (Last, First, Middle Initial) <b>A. US Bank Visa Central Bill Account</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 01 / 2015</b>
Mailing Address <b>PO Box 790408</b>		Amount of Each Disbursement this Period <b>83.91</b>
City <b>St. Louis</b> State <b>MO</b> Zip Code <b>63179-0408</b>	Purpose of Disbursement <b>US Bank credit card: interest</b>	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.5897</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Bank Visa Central Bill Account</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 01 / 2015</b>
Mailing Address <b>PO Box 790408</b>		Amount of Each Disbursement this Period <b>131.78</b>
City <b>St. Louis</b> State <b>MO</b> Zip Code <b>63179-0408</b>	Purpose of Disbursement <b>US Bank credit card: interest and fees</b>	
Candidate Name	Category/Type	<input checked="" 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5898</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Bank Visa Central Bill Account</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 30 / 2015</b>
Mailing Address <b>PO Box 790408</b>		Amount of Each Disbursement this Period <b>1138.00</b>
City <b>St. Louis</b> State <b>MO</b> Zip Code <b>63179-0408</b>	Purpose of Disbursement <b>credit card payment</b>	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.5805</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1138.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.5805

Vendors paid by US Bank credit card are shown in Schedule B.

Form/Schedule:

Transaction ID:

**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 20 OF 22	
	<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 Winteregg**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address 305 S. Market St.		Amount of Each Disbursement this Period 155.51
City Troy	State OH Zip Code 45373	
Purpose of Disbursement US Bank credit card: post office box and postage		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
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)	<b>Transaction ID : SB17.5807</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Wandering Willow</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015
Mailing Address PO Box 31		Amount of Each Disbursement this Period 313.71
City South Charleston	State OH Zip Code 45368	
Purpose of Disbursement graphic art/logo		<input type="checkbox"/> Memo Item
Candidate Name		
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)	<b>Transaction ID : SB17.4850</b>
State: District:	Category/Type 004	

Full Name (Last, First, Middle Initial) <b>C.</b>		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		<input type="checkbox"/> Memo Item
Candidate Name		
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	313.71
<b>TOTAL</b> This Period (last page this line number only).....	24398.55

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>US Bank Visa Central Bill Account</b>		Nature of Debt (Purpose): Items charged shown in memo text in disbursements
Mailing Address PO Box 790408		
City State	Zip Code	
St. Louis	MO 63179-0408	

Outstanding Balance Beginning This Period		<b>Transaction ID : SD10.5690</b>	
5534.39			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2870.74	1138.00	7267.13	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	7267.13
2) <b>TOTALS</b> This Period (last page this line number only) .....	7267.13
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	7267.13

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.5690

Vendors names, addresses, purchase amounts and dates are listed as memos in distributions.

Form/Schedule:

Transaction ID: