

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

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

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))....	9017.88	45686.23
(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)).....	9017.88	45686.23
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12597.07	43720.43
(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)).....	12597.07	43720.43
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5169.67	
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).....	12031.78	

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).....	5295.16	28340.32
(ii) Unitemized	3722.72	17345.91
(iii) TOTAL of contributions from individuals	9017.88	45686.23
(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))..	9017.88	45686.23
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	2500.00	2500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	2500.00	2500.00
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).....	11517.88	48186.23

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12597.07	43720.43
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) ►	12597.07	43720.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6248.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11517.88
25. SUBTOTAL (add Line 23 and Line 24).....	17766.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12597.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5169.67

**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 5 OF 26
	<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	

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 Winteregg

Full Name (Last, First, Middle Initial) A. Paul Armbruster		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2015	
Mailing Address 123 Shaftsbury Rd.		Transaction ID : SA11AI.5163	
City Troy	State OH	Zip Code 45373	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 50.00	
Name of Employer Enterprise Rent a Car	Occupation hiker	<input type="checkbox"/> Memo Item of	
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) B. Paul Armbruster		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2015	
Mailing Address 123 Shaftsbury Rd.		Transaction ID : SA11AI.5326	
City Troy	State OH	Zip Code 45373	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 50.00	
Name of Employer Enterprise Rent a Car	Occupation hiker	<input type="checkbox"/> Memo Item of	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

Full Name (Last, First, Middle Initial) C. Donald Birdsall		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 01 / 2015	
Mailing Address 181 Copperfield Dr		Transaction ID : SA11AI.5179	
City Dayton	State OH	Zip Code 45415	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 50.00	
Name of Employer Hogan	Occupation director of marketing	<input type="checkbox"/> Memo Item of	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 150.00
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: PAGE 6 OF 26
(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 Winteregg

A. Full Name (Last, First, Middle Initial)
D. Boone

Mailing Address 912 N. Magnolia Dr.

City Hubbard State TX Zip Code 75548

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
 11 / 09 / 2015

Transaction ID : SA11AI.5144

Amount of Each Receipt this Period
 50.00

Memo Item
ck

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

Mailing Address 912 N. Magnolia Dr.

City Hubbard State TX Zip Code 75548

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 Y
 12 / 30 / 2015

Transaction ID : SA11AI.5349

Amount of Each Receipt this Period
 50.00

Memo Item
ck

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

Mailing Address 12 Sitting Bull Trl

City Gouldsboro State PA Zip Code 18424

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 **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2015

Transaction ID : SA11AI.5170

Amount of Each Receipt this Period
 25.00

Memo Item
ol

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

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

125.00

**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 26
	<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)
Ronald Cole

Mailing Address 45 Esopus Ave

City Ulster Park State NY Zip Code 12487

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
 12 / 24 / 2015

Transaction ID : SA11AI.5320

Amount of Each Receipt this Period
75.00

Memo Item
of

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

Mailing Address 45 Esopus Ave

City Ulster Park State NY Zip Code 12487

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
325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2015

Transaction ID : SA11AI.5328

Amount of Each Receipt this Period
75.00

Memo Item
of

C. 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
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2015

Transaction ID : SA11AI.5180

Amount of Each Receipt this Period
25.00

Memo Item
of

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

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

175.00

**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 26
	<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)
Sahil Desai

Mailing Address 5660 Idaho Dr

City Bettendorf State IA Zip Code 52722

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

Name of Employer John Deere Corp. Occupation engineer

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
 12 / 07 / 2015

Transaction ID : SA11AI.5183

Amount of Each Receipt this Period
 250.00

Memo Item
ol

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

Mailing Address 1135 Ridge

City Troy State OH Zip Code 45373

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 **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015

Transaction ID : SA11AI.5312

Amount of Each Receipt this Period
 200.00

Memo Item
ck

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

Mailing Address 105 Songbird Ct.

City Monroe State OH Zip Code 45050

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

Name of Employer General Electric Occupation engineer

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
 10 / 02 / 2015

Transaction ID : SA11AI.5073

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).....

470.16

**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 26
	<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)
Kara Echelman

Mailing Address 105 Songbird Ct.

City Monroe State OH Zip Code 45050

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

Name of Employer General Electric Occupation engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **295.16**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 12 / 2015

Transaction ID : SA11AI.5156

Amount of Each Receipt this Period
 25.00

Memo Item
of

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

Mailing Address PO Box 294

City Chinook State WA Zip Code 98614

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

Name of Employer Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **210.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2015

Transaction ID : SA11AI.5169

Amount of Each Receipt this Period
 50.00

Memo Item
of

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

Mailing Address 14000 St. Rt 122

City Somerville State OH Zip Code 45064

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

Name of Employer Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **290.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015

Transaction ID : SA11AI.5299

Amount of Each Receipt this Period
 90.00

Memo Item
ck

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

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

165.00

**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 26
(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)
Brian Lewis

Mailing Address 2100 Perkins Dr.

City Springfield State OH Zip Code 45505

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 **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2015

Transaction ID : SA11AI.5395

Amount of Each Receipt this Period
 200.00

Memo Item
ck

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

Mailing Address 624 W. Conejo Ave

City Mountain House State CA Zip Code 95391

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

Name of Employer Silego Occupation marketing

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
 12 / 30 / 2015

Transaction ID : SA11AI.5335

Amount of Each Receipt this Period
 100.00

Memo Item
ol

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

Mailing Address 702 Dustin Ct.

City Tipp City State OH Zip Code 45371

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 Y
 12 / 03 / 2015

Transaction ID : SA11AI.5306

Amount of Each Receipt this Period
 50.00

Memo Item
ck

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 11 OF 26
(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)
E. Dee Monnen

Mailing Address 621 Diamond St

City Eastland State MD Zip Code 21601

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

Name of Employer self Occupation computer programmer

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
 10 / 30 / 2015

Transaction ID : SA11AI.5108

Amount of Each Receipt this Period
 100.00

Memo Item
ol

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 **1570.16**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015

Transaction ID : SA11AI.5077

Amount of Each Receipt this Period
 1000.00

Memo Item
ck

C. 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 **1670.16**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.5101

Amount of Each Receipt this Period
 100.00

Memo Item
ol

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

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

1200.00

**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 12 OF 26
	<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)
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 **2670.16**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015

Transaction ID : SA11AI.5307

Amount of Each Receipt this Period
 1000.00

Memo Item
ck

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 **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.5339

Amount of Each Receipt this Period
 29.84

Memo Item
ol

C. 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) Special-Primary

Election Cycle-to-Date **2770.16**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.5430

Amount of Each Receipt this Period
 70.16

Memo Item
ol

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

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

1100.00

**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 13 OF 26
	<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

Full Name (Last, First, Middle Initial) A. Bruce Shank		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2015
Mailing Address 1 Sierra Ln		Transaction ID : SA11AI.5168
City Arcanum State OH Zip Code 45304	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item of
Name of Employer n/a Occupation n/a	Election Cycle-to-Date 300.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Tom Temple		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 598 Thoma Pl		Transaction ID : SA11AI.5176
City Vandalia State OH Zip Code 45377	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item of
Name of Employer Automation Technology, Inc. Occupation engineer	Election Cycle-to-Date 1500.00	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2016		

Full Name (Last, First, Middle Initial) C. Michael Uecker		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2015
Mailing Address 945 W. Dayton Yellow Springs Rd		Transaction ID : SA11AI.5079
City Fairborn State OH Zip Code 45324	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item ck
Name of Employer n/a Occupation n/a	Election Cycle-to-Date 400.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	550.00
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: PAGE 14 OF 26
(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)
Susan Weaks

Mailing Address 3655 N. Montgomery CL Rd.

City State Zip Code
Tipp City OH 45371

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

Name of Employer Occupation
Upper Valley Medical RN

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
 12 / 31 / 2015

Transaction ID : SA11AI.5377

Amount of Each Receipt this Period
 1000.00

Memo Item
of

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

Mailing Address 6631 Deer Meadows Dr.

City State Zip Code
Huber Heights OH 45424

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

Name of Employer Occupation
Good Samaritan RN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2015

Transaction ID : SA11AI.5160

Amount of Each Receipt this Period
 10.00

Memo Item
of

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

Memo Item
of

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

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

1010.00

5295.16

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

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

FOR LINE NUMBER: PAGE 15 OF 26
(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)
JD Winteregg

Mailing Address 504 S. Market St.

City State Zip Code
Troy OH 45373

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

Name of Employer Occupation
Rudy, Inc. grain elevator operator

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 Y
 11 / 09 / 2015

Transaction ID : SA13A.5189

Amount of Each Receipt this Period
 2500.00

Memo Item
loan

B. 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

Memo Item

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

Memo Item

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

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

2500.00

2500.00

**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 16 OF 26			
	<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) A. Corigraphics		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2015
Mailing Address 1041 W. Main St.		Amount of Each Disbursement this Period 203.30
City Troy	State OH Zip Code 45373	
Purpose of Disbursement signs	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5403

Full Name (Last, First, Middle Initial) B. Dane and Associates		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address PO Box 1058		Amount of Each Disbursement this Period 250.00
City Front Royal	State NV Zip Code 22630	
Purpose of Disbursement US Bank credit card: email sorting	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5848

Full Name (Last, First, Middle Initial) C. Four Tier Strategies		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 273 Roslindale Ave		Amount of Each Disbursement this Period 3400.00
City Roslindale	State MA Zip Code 02131	
Purpose of Disbursement website/fundraising	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.5400

SUBTOTAL of Disbursements This Page (optional).....	3603.30
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 17 OF 26	
	<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) A. Four Tier Strategies		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 273 Roslindale Ave		Amount of Each Disbursement this Period 2500.00
City Roslindale State MA Zip Code 02131	Purpose of Disbursement website/fundraising	
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)	Transaction ID : SB17.5415
State: District:		

Full Name (Last, First, Middle Initial) B. Four Tier Strategies		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 273 Roslindale Ave		Amount of Each Disbursement this Period 2000.00
City Roslindale State MA Zip Code 02131	Purpose of Disbursement website/fundraising	
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)	Transaction ID : SB17.5416
State: District:		

Full Name (Last, First, Middle Initial) c. Google Apps		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address online		Amount of Each Disbursement this Period 70.00
City Troy State OH Zip Code 45373	Purpose of Disbursement US Bank credit card: campaign app	
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)	Transaction ID : SB17.5842
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4500.00
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 18 OF 26			
	<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) A. NationBuilder			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2015
Mailing Address 2520 S. Grand Ave.			Amount of Each Disbursement this Period 2087.20
City Los Angeles	State CA	Zip Code 90071	
Purpose of Disbursement US Bank credit card: campaign software		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)		Transaction ID : SB17.5844
State: District:			

Full Name (Last, First, Middle Initial) B. The Rainmakers			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address PO Box 1082			Amount of Each Disbursement this Period 2500.00
City Springfield	State VA	Zip Code 22151	
Purpose of Disbursement call list		Category/ Type	<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)		Transaction ID : SB17.5405
State: District:			

Full Name (Last, First, Middle Initial) C. Tri-Media Marketing			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 5521 Bellaire Dr. Suite 114			Amount of Each Disbursement this Period 300.00
City Fort Worth	State TX	Zip Code 76109	
Purpose of Disbursement mailing list		Category/ Type	<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)		Transaction ID : SB17.5412
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	2800.00
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 19 OF 26			
	<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) A. US Bank Checking		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 62.00
City St. Louis	State MO	
Zip Code 63179	Purpose of Disbursement analysis service fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.5414
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 Checking		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 20.00
City St. Louis	State MO	
Zip Code 63179	Purpose of Disbursement annual fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.5421
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 Checking		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 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 service fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.5420
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).....	113.00
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 20 OF 26			
	<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) A. US Bank Checking			Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015		
Mailing Address PO Box 790408			Amount of Each Disbursement this Period 31.00		
City St. Louis	State MO	Zip Code 63179	Memo Item <input type="checkbox"/>		
Purpose of Disbursement analysis service fee		Candidate Name	Category/Type		
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)		Transaction ID : SB17.5411		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. US Bank Visa Central Bill Account			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015		
Mailing Address PO Box 790408			Amount of Each Disbursement this Period 624.00		
City St. Louis	State MO	Zip Code 63179-0408	Memo Item <input type="checkbox"/>		
Purpose of Disbursement payment to US Bank credit card		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)		Transaction ID : SB17.5841		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. US Bank Visa Central Bill Account			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015		
Mailing Address PO Box 790408			Amount of Each Disbursement this Period 373.86		
City St. Louis	State MO	Zip Code 63179-0408	Memo Item <input checked="" type="checkbox"/>		
Purpose of Disbursement US Bank credit card: interest and fees		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)		Transaction ID : SB17.5845		
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....	655.00
TOTAL 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 : SB17.5841

The vendors paid by this credit card payment are listed 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 22 OF 26	
	<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) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 305 S. Market St.		Amount of Each Disbursement this Period 58.80
City Troy	State OH Zip Code 45373	
Purpose of Disbursement US Bank credit card: 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)	Transaction ID : SB17.5843
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Wandering Willow		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2015
Mailing Address PO Box 31		Amount of Each Disbursement this Period 144.79
City South Charleston	State OH Zip Code 45368	
Purpose of Disbursement graphic design		<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)	Transaction ID : SB17.5401
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Wandering Willow		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2015
Mailing Address PO Box 31		Amount of Each Disbursement this Period 434.37
City South Charleston	State OH Zip Code 45368	
Purpose of Disbursement graphic design		<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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Transaction ID : SB17.5402
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	579.16
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 23 OF 26			
	<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) A. Wandering Willow			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015		
Mailing Address PO Box 31			Amount of Each Disbursement this Period 48.26		
City South Charleston		State OH	Zip Code 45368		Memo Item <input type="checkbox"/>
Purpose of Disbursement graphic design		Category/ Type			
Candidate Name		Disbursement For: 2016		Transaction ID : SB17.5408	
Office Sought:	<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.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City		State	Zip Code		Memo Item <input type="checkbox"/>
Purpose of Disbursement		Category/ Type			
Candidate Name		Disbursement For:			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input 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		Memo Item <input type="checkbox"/>
Purpose of Disbursement		Category/ Type			
Candidate Name		Disbursement For:			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	48.26
TOTAL This Period (last page this line number only).....	12298.72

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5189

The Committee to Elect JD Winteregg

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item

JD Winteregg

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address
504 S. Market St.

City State ZIP Code
Troy OH 45373

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
2500.00 0.00 2500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

11

09

2015

none

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 2500.00
TOTALS This Period (last page in this line only)..... 2500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

The Committee to Elect JD Winteregg

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
US Bank Visa Central Bill Account

Mailing Address PO Box 790408

City State Zip Code
St. Louis MO 63179-0408

Nature of Debt (Purpose):
Items charged shown in memo text in disbursements

Outstanding Balance Beginning This Period **Transaction ID : SD10.5690**
7267.13

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
2888.65 624.00 9531.78

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) SUBTOTALS This Period This Page (optional)	9531.78
2) TOTALS This Period (last page this line number only)	9531.78
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	2500.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	12031.78

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <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: