

# 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))....	9017.88	44836.72
(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)).....	9017.88	44836.72
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	12597.07	43546.25
(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	43546.25
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4494.34	
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).....	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).....	4945.16	27615.32
(ii) Unitemized.....	4072.72	17221.40
(iii) TOTAL of contributions from individuals ▶	9017.88	44836.72
(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))..	9017.88	44836.72
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	47336.72

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12597.07	43546.25
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) ►	12597.07	43546.25

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5573.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11517.88
25. SUBTOTAL (add Line 23 and Line 24).....	17091.41
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).....	4494.34

**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 24
	<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**

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

Mailing Address 181 Copperfield Dr

City Dayton State OH Zip Code 45415

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

Name of Employer Hogan Occupation director of marketing

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 / 01 / 2015

**Transaction ID : SA11AI.5179**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

Memo Item  
of

**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 **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

**C.** 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

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

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

\_\_\_\_\_ 150.00

\_\_\_\_\_

**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 24
	<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)  
**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  
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 **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

**C.** 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

**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 7 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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 **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

**B.** 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  
of

**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  
of

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

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

\_\_\_\_\_ 295.16

\_\_\_\_\_

**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 24  
(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)  
**Kara Echelman**

Mailing Address 105 Songbird Ct.

City State Zip Code  
Monroe OH 45050

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

Name of Employer Occupation  
General Electric 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)  
**Edie Faylor**

Mailing Address PO Box 294

City State Zip Code  
Chinook WA 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 State Zip Code  
Somerville OH 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: (check only one)	PAGE 9 OF 24
	<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)  
**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)  
**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

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

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

**400.00**

**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 24
	<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) <b>A. George Orpia</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2015	
Mailing Address 13339 Calhoun Ct		<b>Transaction ID : SA11AI.5077</b>	
City Pickerington	State OH	Amount of Each Receipt this Period 1000.00	
Zip Code 43147		<input type="checkbox"/> Memo Item ck	
FEC ID number of contributing federal political committee. C			
Name of Employer n/a	Occupation n/a		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1570.16	

Full Name (Last, First, Middle Initial) <b>B. George Orpia</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015	
Mailing Address 13339 Calhoun Ct		<b>Transaction ID : SA11AI.5101</b>	
City Pickerington	State OH	Amount of Each Receipt this Period 100.00	
Zip Code 43147		<input type="checkbox"/> Memo Item ol	
FEC ID number of contributing federal political committee. C			
Name of Employer n/a	Occupation n/a		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1670.16	

Full Name (Last, First, Middle Initial) <b>C. George Orpia</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 03 / 2015	
Mailing Address 13339 Calhoun Ct		<b>Transaction ID : SA11AI.5307</b>	
City Pickerington	State OH	Amount of Each Receipt this Period 1000.00	
Zip Code 43147		<input type="checkbox"/> Memo Item ck	
FEC ID number of contributing federal political committee. C			
Name of Employer n/a	Occupation n/a		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2670.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2100.00
<b>TOTAL</b> 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 11 OF 24
	<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 **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

**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 **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

**C.** Full Name (Last, First, Middle Initial)  
**Bruce Shank**

Mailing Address 1 Sierra Ln

City Arcanum State OH Zip Code 45304

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  
 11 / 25 / 2015

**Transaction ID : SA11AI.5168**

Amount of Each Receipt this Period  
 100.00

Memo Item

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

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

**200.00**

**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 24
	<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)  
**Tom Temple**

Mailing Address 598 Thoma Pl

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  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

**Transaction ID : SA11AI.5176**

Amount of Each Receipt this Period  
250.00

Memo Item  
ol

**B.** Full Name (Last, First, Middle Initial)  
**Michael Uecker**

Mailing Address 945 W. Dayton Yellow Springs Rd

City State Zip Code  
Fairborn OH 45324

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  
400.00

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

**Transaction ID : SA11AI.5079**

Amount of Each Receipt this Period  
200.00

Memo Item  
ck

**C.** 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  
ol

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

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

1450.00

**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)  
 11a  11b  11c  11d  
 12  13a  13b  14  15  
 PAGE 13 OF 24

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

**A.** 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 : SA11A1.5160**

Amount of Each Receipt this Period  
 10.00

Memo Item  
 of

**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).....

10.00

4945.16

**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 14 OF 24
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**JD Winteregg**

Mailing Address 504 S. Market St.

City State Zip Code  
Troy OH 45373

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Rudy, Inc. grain elevator operator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA13A.5189**

Amount of Each Receipt this Period

Memo Item  
loan

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

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.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Memo Item

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

**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 15 OF 24			
	<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 10 / 12 / 2015		
Mailing Address 1041 W. Main St.			Amount of Each Disbursement this Period 203.30		
City Troy	State OH	Zip Code 45373	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5403</b>		
Purpose of Disbursement signs		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. Dane and Associates</b>			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	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.5848</b>		
Purpose of Disbursement US Bank credit card: email sorting		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 10 / 05 / 2015		
Mailing Address 273 Roslindale Ave			Amount of Each Disbursement this Period 3400.00		
City Roslindale	State MA	Zip Code 02131	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5400</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).....	3603.30
<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 24	
	<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 <b>11 / 02 / 2015</b>
Mailing Address <b>273 Roslindale Ave</b>		Amount of Each Disbursement this Period <b>2500.00</b>
City <b>Roslindale</b> State <b>MA</b> Zip Code <b>02131</b>	Purpose of Disbursement <b>website/fundraising</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 : SB17.5415</b>
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 <b>12 / 03 / 2015</b>
Mailing Address <b>273 Roslindale Ave</b>		Amount of Each Disbursement this Period <b>2000.00</b>
City <b>Roslindale</b> State <b>MA</b> Zip Code <b>02131</b>	Purpose of Disbursement <b>website/fundraising</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 : SB17.5416</b>
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4500.00</b>
<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 24			
	<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 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)		<b>Transaction ID : SB17.5844</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. The Rainmakers</b>			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)		<b>Transaction ID : SB17.5405</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Tri-Media Marketing</b>			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)		<b>Transaction ID : SB17.5412</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2800.00
<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 24			
	<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 Checking</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2015</b>
Mailing Address <b>PO Box 790408</b>		Amount of Each Disbursement this Period <b>62.00</b> <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5414</b>
City <b>St. Louis</b> State <b>MO</b> Zip Code <b>63179</b>	Purpose of Disbursement <b>analysis service fee</b>	
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>B. US Bank Checking</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2015</b>
Mailing Address <b>PO Box 790408</b>		Amount of Each Disbursement this Period <b>20.00</b> <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5421</b>
City <b>St. Louis</b> State <b>MO</b> Zip Code <b>63179</b>	Purpose of Disbursement <b>annual fee</b>	
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>C. US Bank Checking</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 16 / 2015</b>
Mailing Address <b>PO Box 790408</b>		Amount of Each Disbursement this Period <b>31.00</b> <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5420</b>
City <b>St. Louis</b> State <b>MO</b> Zip Code <b>63179</b>	Purpose of Disbursement <b>analysis service fee</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>113.00</b>
<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 19 OF 24			
	<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 Checking</b>		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	Purpose of Disbursement analysis service fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5411</b>
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)	
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 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	Purpose of Disbursement payment to US Bank credit card	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5841</b>
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. US Bank Visa Central Bill Account</b>		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	Purpose of Disbursement US Bank credit card: interest and fees	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5845</b>
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).....	655.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <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 21 OF 24			
	<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 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	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 : SB17.5843</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wandering Willow</b>		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	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 : SB17.5401</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wandering Willow</b>		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	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)	<b>Transaction ID : SB17.5402</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	579.16
<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 22 OF 24			
	<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. Wandering Willow</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2015</b>		
Mailing Address PO Box 31			Amount of Each Disbursement this Period <b>48.26</b>		
City South Charleston	State OH	Zip Code 45368	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5408</b>		
Purpose of Disbursement graphic design		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.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code	<input type="checkbox"/> Memo Item		
Purpose of Disbursement		Category/ Type			
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:				

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	<input type="checkbox"/> Memo Item		
Purpose of Disbursement		Category/ Type			
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:				

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

# 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:  
M 11 / D 09 / Y 2015 M M / D D / Y 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**

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