

# 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 ▲  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) STATE ▼ DISTRICT  
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 M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
07 / 01 / 2015 through 09 / 30 / 2015

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 M M / D D / Y Y Y Y  
12 / 15 / 2015

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

**The Committee to Elect JD Winteregg**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	12143.52	35736.56
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	12143.52	35736.56
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	25516.27	31061.90
(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)).....	25516.27	31061.90
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5378.53	
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).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

The Committee to Elect JD 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).....	6270.16	22670.16
(ii) Unitemized.....	5873.36	13066.40
(iii) TOTAL of contributions from individuals ▶	12143.52	35736.56
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	12143.52	35736.56
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	12143.52	35736.56

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	25516.27	31061.90
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) ►	25516.27	31061.90

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18751.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12143.52
25. SUBTOTAL (add Line 23 and Line 24).....	30894.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	25516.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5378.53

**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 16
	<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)  
**Sandra Armbruster**

Mailing Address 123 Shaftsbury Rd

City State Zip Code  
Troy OH 45373

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

Name of Employer Occupation  
n/a n/a

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : SA11AI.5025**

Amount of Each Receipt this Period  
100.00

ol

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

Mailing Address PO Box 31

City State Zip Code  
South Charleston OH 45368

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

Name of Employer Occupation  
United States engineer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

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

**Transaction ID : SA11AI.4801**

Amount of Each Receipt this Period  
50.00

OL

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

Mailing Address 181 Copperfield Dr

City State Zip Code  
Dayton OH 45415

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

Name of Employer Occupation  
Hogan

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 09 / 2015

**Transaction ID : SA11AI.4779**

Amount of Each Receipt this Period  
150.00

check

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 9564 Earnest Rd

City Bradford State OH Zip Code 45308

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

Name of Employer EMC Occupation Solutions Architect

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2015

**Transaction ID : SA11AI.4773**

Amount of Each Receipt this Period  
 250.00  
 check

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

Mailing Address PO Box 9399

City Tyler State TX Zip Code 75711

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

Name of Employer Universal Time Equipment Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11AI.5021**

Amount of Each Receipt this Period  
 1000.00  
 ol

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

Mailing Address 2614 Smith Barry Rd.

City Pantego State TX Zip Code 76013

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

Name of Employer retired Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2015

**Transaction ID : SA11AI.4785**

Amount of Each Receipt this Period  
 250.00  
 OL

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 7315 Indian Hill Rd.

City State Zip Code  
Cinti OH 45243

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

Name of Employer Occupation  
Dinsmore & Shohl lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 09 / 2015

**Transaction ID : SA11AI.4771**

Amount of Each Receipt this Period  
250.00  
check

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

Mailing Address 1 Mallard Xing

City State Zip Code  
Raymond MS 39154

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

Name of Employer Occupation  
Clinton Autoplex manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
270.16

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

**Transaction ID : SA11AI.4948**

Amount of Each Receipt this Period  
250.00  
ol

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

Mailing Address 624 W. Conejo Ave

City State Zip Code  
Mountain House CA 95391

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

Name of Employer Occupation  
Silego marketing

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 28 / 2015

**Transaction ID : SA11AI.4841**

Amount of Each Receipt this Period  
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
	<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 **550.00**

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

**Transaction ID : SA11AI.4935**

Amount of Each Receipt this Period  
 ol **250.00**

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

Mailing Address 13339 Calhoun Ct

City Pickerington State OH Zip Code 43147

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

Name of Employer n/a Occupation n/a

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **570.16**

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

**Transaction ID : SA11AI.5018**

Amount of Each Receipt this Period  
 ol **20.16**

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

Mailing Address 1037 Glenn Ave

City Washington Courthouse State OH Zip Code 43160

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

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

**Transaction ID : SA11AI.5019**

Amount of Each Receipt this Period  
 ol **100.00**

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

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

**370.16**



**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 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 554 Maplecreek Rd.

City Moscow State OH Zip Code 45153

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

Name of Employer self Occupation self-employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 09 / 2015

**Transaction ID : SA11AI.4769**

Amount of Each Receipt this Period  
 250.00  
 check

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

Mailing Address 13127 Scotchtown Rd.

City Beaverdam State VA Zip Code 23015

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

Name of Employer VMI Systems Occupation VP

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 10 / 2015

**Transaction ID : SA11AI.4952**

Amount of Each Receipt this Period  
 250.00  
 ol

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

Mailing Address 13339 Calhoun Ct.

City Pickerington State OH Zip Code 43147

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

Name of Employer n/a Occupation n/a

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5037**

Amount of Each Receipt this Period  
 1000.00  
 ck

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 10 OF 16  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 137 Bentwood Dr.

City Clinton State MS Zip Code 39056

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

Name of Employer self Occupation veterinarian

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2015

**Transaction ID : SA11AI.4957**

Amount of Each Receipt this Period  
 250.00

ol

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

Mailing Address 180 Emblys Gap Rd.

City Roseland State VA Zip Code 22967

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

Name of Employer MAS Labor LLC Occupation owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2015

**Transaction ID : SA11AI.4988**

Amount of Each Receipt this Period  
 1000.00

ol

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

Mailing Address n/a

City n/a State Zip Code

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

Name of Employer self Occupation farmer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

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

**Transaction ID : SA11AI.5033**

Amount of Each Receipt this Period  
 100.00

ol

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 16
	<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)  
**Robert Williams**

Mailing Address 2788 Silver Maple Ct.

City State Zip Code  
Troy OH 45373

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

Name of Employer Occupation  
Gold Town Inc. CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 29 2015

**Transaction ID : SA11AI.5023**

Amount of Each Receipt this Period  
 250.00

ol

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

Mailing Address 3045 Winding Trails Dr.

City State Zip Code  
Edgewood KY 41017

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

Name of Employer Occupation  
Allergy Partners allergist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4862**

Amount of Each Receipt this Period  
 250.00

ol

**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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

500.00

6270.16

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 16		
	<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 07 / 02 / 2015
Mailing Address 273 Roslindale Ave		Amount of Each Disbursement this Period 8000.00
City Roslindale	State MA Zip Code 02131	
Purpose of Disbursement website/wired payment	Category/Type 001	<b>Transaction ID : SB17.4847</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Four Tier Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 273 Roslindale Ave		Amount of Each Disbursement this Period 2215.52
City Roslindale	State MA Zip Code 02131	
Purpose of Disbursement website fundraising	Category/Type	<b>Transaction ID : SB17.5053</b>
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 07 / 30 / 2015
Mailing Address 273 Roslindale Ave		Amount of Each Disbursement this Period 3000.00
City Roslindale	State MA Zip Code 02131	
Purpose of Disbursement website fundraising	Category/Type	<b>Transaction ID : SB17.5055</b>
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).....	13215.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 16
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Four Tier Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 273 Roslindale Ave		Amount of Each Disbursement this Period 2384.62
City Roslindale	State MA	
Zip Code 02131	Purpose of Disbursement website fundraising	Transaction ID : SB17.5056
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. Four Tier Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 273 Roslindale Ave		Amount of Each Disbursement this Period 2237.00
City Roslindale	State MA	
Zip Code 02131	Purpose of Disbursement website fundraising	Transaction ID : SB17.5058
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. Four Tier Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 273 Roslindale Ave		Amount of Each Disbursement this Period 1000.00
City Roslindale	State MA	
Zip Code 02131	Purpose of Disbursement website	Transaction ID : SB17.4924
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).....	5621.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 16			
	<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 09 / 08 / 2015		
Mailing Address 273 Roslindale Ave			Amount of Each Disbursement this Period 1000.00		
City Roslindale	State MA	Zip Code 02131	Transaction ID : SB17.5060		
Purpose of Disbursement website fundraising		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. Mountaintop Media</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2015		
Mailing Address P.O. Box 297			Amount of Each Disbursement this Period 4078.70		
City Rodanthe	State NC	Zip Code 27968	Transaction ID : SB17.4848		
Purpose of Disbursement fundraising		Category/ Type 003			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015		
Mailing Address PO Box 790408			Amount of Each Disbursement this Period 500.00		
City St. Louis	State MO	Zip Code 63179-0408	Transaction ID : SB17.5054		
Purpose of Disbursement credit card payment		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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).....	5578.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 16			
	<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</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2015
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 93.00
City St. Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement analysis charge	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. US Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 138.00
City St. Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement Credit card payment	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. US Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 31.00
City St. Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement analysis charge	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).....	262.00
<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 16 OF 16			
	<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</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.5062</b>
City St. Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement credit card payment	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. Wandering Willow</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015
Mailing Address PO Box 471		Amount of Each Disbursement this Period 313.71 <b>Transaction ID : SB17.4850</b>
City Troy	State OH	
Zip Code 45373	Purpose of Disbursement graphic art/logo	Category/ Type 004
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.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	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).....	813.71
<b>TOTAL</b> This Period (last page this line number only).....	25491.55