

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

X

NEW (N)

OR

AMENDED (A)

OH

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X

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

02 / 25 / 2016

through

M M / D D / Y Y Y Y

03 / 31 / 2016

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

04 / 12 / 2016

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

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))....	5896.64	19288.04
(b) Total Contribution Refunds (from Line 20(d))	2000.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3896.64	19288.04
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6720.28	2009.05
(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)).....	6720.28	2009.05
8. Cash on Hand at Close of Reporting Period (from Line 27).....	243.23	
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).....	21712.89	

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).....	4750.00	12800.00
(ii) Unitemized.....	1146.64	6488.04
(iii) TOTAL of contributions from individuals ▶	5896.64	19288.04
(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))..	5896.64	19288.04
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)..... ▶	5896.64	19288.04

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6720.28	2009.05
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	2000.00	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)).....	2000.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8720.28	2009.05

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3066.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5896.64
25. SUBTOTAL (add Line 23 and Line 24).....	8963.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8720.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	243.23

**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 18
	<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. Ronald Cole		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 26 / 2016	
Mailing Address 45 Esopus Ave		Transaction ID : SA11AI.5928	
City Ulster Park	State NY	Zip Code 12487	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 75.00	
Name of Employer n/a	Occupation n/a	<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 _____ 325.00		

Full Name (Last, First, Middle Initial) B. Ronald Cole		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 14 / 2016	
Mailing Address 45 Esopus Ave		Transaction ID : SA11AI.5962	
City Ulster Park	State NY	Zip Code 12487	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 75.00	
Name of Employer n/a	Occupation n/a	<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 _____ 400.00		

Full Name (Last, First, Middle Initial) C. Jeanette Grieshop		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 08 / 2016	
Mailing Address 1150Cassella Montezuma Rd.		Transaction ID : SA11AI.5909	
City Maria Stein	State OH	Zip Code 45860	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 1000.00	
Name of Employer retired	Occupation retired	<input type="checkbox"/> Memo Item of	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date _____ 2000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1150.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
	<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)
Jeanette Grieshop

Mailing Address 1150Cassella Montezuma Rd.

City State Zip Code
Maria Stein OH 45860

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

Name of Employer Occupation
retired retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 08 / 2016

Transaction ID : SA11AI.5921

Amount of Each Receipt this Period
1000.00

Memo Item
of

B. Full Name (Last, First, Middle Initial)
Jeff Grieshop

Mailing Address 282 Pine Rd.

City State Zip Code
Ft. Recovery OH 45846

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

Name of Employer Occupation
retired retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : SA11AI.5926

Amount of Each Receipt this Period
300.00

Memo Item
of

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

Mailing Address 282 Pine Rd.

City State Zip Code
Ft. Recovery OH 45846

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

Name of Employer Occupation
retired retired

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : SA11AI.5927

Amount of Each Receipt this Period
700.00

Memo Item
of

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 7 OF 18
(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)
David Miller

Mailing Address 2452 Smith Rd

City Hamilton State OH Zip Code 45013

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

Name of Employer n/a Occupation n/a

Receipt For: Primary General Other (specify)

Election Cycle-to-Date **1120.16**

Date of Receipt **03 / 10 / 2016**

Transaction ID : SA11AI.5925

Amount of Each Receipt this Period **1100.00**

Memo Item check

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

Mailing Address 4115 Casstown Sidney Rd.

City Troy State OH Zip Code 45373

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

Name of Employer self Occupation orthodontist

Receipt For: 2016 Primary General Other (specify)

Election Cycle-to-Date **440.00**

Date of Receipt **03 / 09 / 2016**

Transaction ID : SA11AI.5946

Amount of Each Receipt this Period **250.00**

Memo Item ol

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

Mailing Address 3655 N. Montgomery County Line Rd

City Tipp City State OH Zip Code 45371

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

Name of Employer Huffman, Landis and Weaks Occupation attorney

Receipt For: 2016 Primary General Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **03 / 01 / 2016**

Transaction ID : SA11AI.5933

Amount of Each Receipt this Period **250.00**

Memo Item ol

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

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

1600.00

4750.00

**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 8 OF 18			
	<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 03 / 18 / 2016
Mailing Address 1041 W. Main St.		Amount of Each Disbursement this Period 3958.44
City Troy State OH Zip Code 45373	Purpose of Disbursement slate card printing	
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 : SB17.5980
State: District:		

Full Name (Last, First, Middle Initial) B. Cox Media Group Ohio		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address 1611 S. Main St		Amount of Each Disbursement this Period 1500.00
City Dayton State OH Zip Code 45409	Purpose of Disbursement radio advertising	
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 : SB17.5977
State: District:		

Full Name (Last, First, Middle Initial) C. Facebook		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 500.77
City Menlo Park State CA Zip Code 94025	Purpose of Disbursement advertising	
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 : SB17.5976
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 9 OF 18	
	<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. Facebook		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 750.45
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement advertising	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5979
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. Facebook		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 18.98
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement charge for post boost	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5983
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Four Tier Strategies		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address 273 Roslindale Ave		Amount of Each Disbursement this Period 2200.00
City Roslindale	State MA	
Zip Code 02131	Purpose of Disbursement website/fundraising	<input type="checkbox"/> Memo Item Transaction ID : SB17.5968
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2200.00
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 10 OF 18	
	<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 03 / 18 / 2016
Mailing Address 273 Roslindale Ave		Amount of Each Disbursement this Period 2848.48
City Roslindale State MA Zip Code 02131	Purpose of Disbursement website/fundraising	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5969
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. Google Apps		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address online		Amount of Each Disbursement this Period 30.00
City Troy State OH Zip Code 45373	Purpose of Disbursement online campaign app	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5972
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. NationBuilder		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016
Mailing Address 2520 S. Grand Ave.		Amount of Each Disbursement this Period 699.00
City Los Angeles State CA Zip Code 90071	Purpose of Disbursement website/fundraising	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.5974
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).....	2848.48
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 11 OF 18	
	<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. PC Marketing Group, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2016
Mailing Address 2534 Commerce Blvd.		Amount of Each Disbursement this Period 1208.03
City Cincinnati	State OH	Zip Code 45241
Purpose of Disbursement campaign signs	Category/Type	
Candidate Name	Memo Item <input checked="" type="checkbox"/>	
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:	Transaction ID : SB17.5975	

Full Name (Last, First, Middle Initial) B. US Bank Checking		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
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 charge	Category/Type	
Candidate Name	Memo Item <input type="checkbox"/>	
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:	Transaction ID : SB17.5967	

Full Name (Last, First, Middle Initial) c. US Bank Visa Central Bill Account		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 105.26
City St. Louis	State MO	Zip Code 63179-0408
Purpose of Disbursement cc interest	Category/Type	
Candidate Name	Memo Item <input checked="" type="checkbox"/>	
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:	Transaction ID : SB17.5973	

SUBTOTAL of Disbursements This Page (optional).....	62.00
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 12 OF 18	
	<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 Visa Central Bill Account		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 800.00
City St. Louis State MO Zip Code 63179-0408	Purpose of Disbursement credit card payment	
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 : SB17.5970
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 03 / 30 / 2016
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 800.00
City St. Louis State MO Zip Code 63179-0408	Purpose of Disbursement cc payment	
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 : SB17.5985
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	6710.48

**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 18			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

Full Name (Last, First, Middle Initial) A. David Miller			Date of Disbursement MM / DD / YYYY 03 / 07 / 2016		
Mailing Address 2452 Smith Rd			Amount of Each Disbursement this Period 2000.00		
City Hamilton	State OH	Zip Code 45013	<input type="checkbox"/> Memo Item Transaction ID : SB20A.5971		
Purpose of Disbursement cash donation returned after deposit		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"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement MM / DD / YYYY		
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"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement MM / DD / YYYY		
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"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	2000.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **The Committee to Elect JD Winteregg** Transaction ID : **SC/10.5189**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item JD Winteregg	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **The Committee to Elect JD Winteregg** Transaction ID : **SC/10.5673**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item JD Winteregg	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
2000.00	0.00	2000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
01 / 09 / 2016		0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	2000.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **The Committee to Elect JD Winteregg** Transaction ID : **SC/10.5674**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item JD Winteregg	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
4600.00	0.00	4600.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y 02 / 12 / 2016	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	▶	4600.00
TOTALS This Period (last page in this line only).....	▶	9100.00
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 US Bank Visa Central Bill Account	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 <input type="text" value="4641.96"/>	Transaction ID : SD10.5690	
Amount Incurred This Period <input type="text" value="8770.93"/>	Payment This Period <input type="text" value="800.00"/>	Outstanding Balance at Close of This Period <input type="text" value="12612.89"/>

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 <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
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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 <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
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1) SUBTOTALS This Period This Page (optional)	<input type="text" value="12612.89"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="12612.89"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="9100.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="21712.89"/>

: 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: