

# 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

COMMITTEE TO ELECT JD WINTEREGG

ADDRESS (number and street) 504 S MARKET ST

Check if different than previously reported. (ACC) TROY OH 45373

2. **FEC IDENTIFICATION NUMBER** C C00551465

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

CITY TROY STATE OH ZIP CODE 45373 STATE OH DISTRICT 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 MM / DD / YYYY in the State of XX

(c) 30-Day **POST**-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on MM / DD / YYYY in the State of XX

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

01 / 01 / 2014 through 03 / 31 / 2014

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 MARIKYLE BUECHTER

Signature of Treasurer MARIKYLE BUECHTER *[Electronically Filed]* Date MM / DD / YYYY 04 / 22 / 2014

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

Write or Type Committee Name

**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))....	40328.08	43324.48
(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)) .....	40328.08	43324.48
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	16450.91	17865.67
(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)).....	16450.91	17865.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	25458.81	
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).....	3832.58	

**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

**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).....	3750.00	4500.00
(ii) Unitemized.....	31578.08	33789.48
(iii) TOTAL of contributions from individuals ▶	35328.08	38289.48
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) The Candidate.....	0.00	35.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	40328.08	43324.48
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)..... ▶	40328.08	43324.48

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16450.91	17865.67
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) ►	16450.91	17865.67

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1581.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	40328.08
25. SUBTOTAL (add Line 23 and Line 24).....	41909.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16450.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	25458.81

**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)  
**COMMITTEE TO ELECT JD WINTEREGG**

**A.** Full Name (Last, First, Middle Initial)  
**Jamie Bowering**

Mailing Address P. O. Box 945

City Skokie State IL Zip Code 60076

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

Name of Employer Focus On Demand, Inc. Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 08 / 2014

**Transaction ID : SA11AI.4756**

Amount of Each Receipt this Period  
 250.00

TPLF

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

Mailing Address 10591 Hancock Dr

City Tyler State TX Zip Code 75707

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

Name of Employer Vme Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5958**

Amount of Each Receipt this Period  
 2500.00

TPLF

**C.** Full Name (Last, First, Middle Initial)  
**Michael Palko**

Mailing Address 14 Perona Rd

City Andover State NJ Zip Code 07821

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

Name of Employer Self Occupation Marketing

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.6215**

Amount of Each Receipt this Period  
 250.00

TPLF

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

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

3000.00

**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	

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)  
**COMMITTEE TO ELECT JD WINTEREGG**

Full Name (Last, First, Middle Initial) <b>A. John Peter Thurmond</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2014	
Mailing Address 18201 E 1020 RD		<b>Transaction ID : SA11AI.4393</b>	
City Cheyenne	State OK	Zip Code 73628	Amount of Each Receipt this Period _____ 250.00 PIRYX
FEC ID number of contributing federal political committee.		C _____	
Name of Employer Self	Occupation Rancher		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Gary Weeks</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2014	
Mailing Address 3655 N. Montgomery Co. Line Rd		<b>Transaction ID : SA11AI.6245</b>	
City Tipp City	State OH	Zip Code 45371	Amount of Each Receipt this Period _____ 500.00 Donation
FEC ID number of contributing federal political committee.		C _____	
Name of Employer self-employed	Occupation Lawyer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee.		C _____	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 750.00
<b>TOTAL</b> This Period (last page this line number only).....	_____ 3750.00

**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 type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)  
**COMMITTEE TO ELECT JD WINTEREGG**

**A.** Full Name (Last, First, Middle Initial)  
**THE TEA PARTY LEADERSHIP FUND**

Mailing Address 717 KING STREET  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00520825

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2014

**Transaction ID : SA11C.6394**

Amount of Each Receipt this Period  
5000.00

Donation

**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

**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

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

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

5000.00

5000.00

**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 16			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**COMMITTEE TO ELECT JD WINTEREGG**

Full Name (Last, First, Middle Initial) <b>A. Accelerated Screenprinting</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2014
Mailing Address PO Box 371		Amount of Each Disbursement this Period 245.03
City Tipp City	State OH	
Zip Code 45371		
Purpose of Disbursement campaign tshirts		
Candidate Name <b>J D WINTEREGG</b>		Category/ Type 006
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH	District: 08	

Full Name (Last, First, Middle Initial) <b>B. Accelerated Screenprinting</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2014
Mailing Address PO Box 371		Amount of Each Disbursement this Period 399.11
City Tipp City	State OH	
Zip Code 45371		
Purpose of Disbursement campaign tshirts		
Candidate Name <b>J D WINTEREGG</b>		Category/ Type 006
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH	District: 08	

Full Name (Last, First, Middle Initial) <b>c. AGE Graphics</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2014
Mailing Address 678 Collins Road		Amount of Each Disbursement this Period 1214.07
City Little Hocking	State OH	
Zip Code 45742		
Purpose of Disbursement graphic designer		
Candidate Name <b>J D WINTEREGG</b>		Category/ Type 006
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH	District: 08	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1214.07
<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 9 OF 16			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 20d	<input type="checkbox"/> 19c 20e

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)  
**COMMITTEE TO ELECT JD WINTEREGG**

Full Name (Last, First, Middle Initial) <b>A. Alpha Political Strategies</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address 2328 Hartman Dr.		Amount of Each Disbursement this Period 1600.00 <b>Transaction ID : SB17.6441</b>
City Alpha State OH Zip Code 45301	Purpose of Disbursement 001 Category/Type	
Candidate Name <b>J D WINTEREGG</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 08		

Full Name (Last, First, Middle Initial) <b>B. American Conservative</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address PO Box 2023		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.6410</b> <b>[MEMO ITEM]</b>
City Langhorne State PA Zip Code 19047	Purpose of Disbursement CPAC 004 Category/Type	
Candidate Name <b>J D WINTEREGG</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 08		

Full Name (Last, First, Middle Initial) <b>C. CORIGRAPHICS</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2014
Mailing Address 1041 W MAIN STREET		Amount of Each Disbursement this Period 550.04 <b>Transaction ID : SB17.6403</b> <b>[MEMO ITEM]</b>
City TROY State OH Zip Code 45373	Purpose of Disbursement flyers 004 Category/Type	
Candidate Name <b>J D WINTEREGG</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 08		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1600.00
<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 10 OF 16			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**COMMITTEE TO ELECT JD WINTEREGG**

Full Name (Last, First, Middle Initial) <b>A. Delta</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 357.00
City Atlanta State GA Zip Code 30354	Purpose of Disbursement flight	
Candidate Name <b>J D WINTEREGG</b>	Category/Type 002	<b>Transaction ID : SB17.6408</b>  <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Joe Desilets</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 7371 Cluster House Way		Amount of Each Disbursement this Period 800.00
City Gainesville State VA Zip Code 20155	Purpose of Disbursement email	
Candidate Name <b>J D WINTEREGG</b>	Category/Type 001	<b>Transaction ID : SB17.6432</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. John Eakin</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1707 Hampton Knoll Drive		Amount of Each Disbursement this Period 3000.00
City Akron State OH Zip Code 44313	Purpose of Disbursement independent contractor - campaign manager	
Candidate Name <b>J D WINTEREGG</b>	Category/Type 001	<b>Transaction ID : SB17.6437</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3800.00
<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 11 OF 16			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**COMMITTEE TO ELECT JD WINTEREGG**

Full Name (Last, First, Middle Initial) <b>A. Expedia, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 333 108th Avenue Northeast		Amount of Each Disbursement this Period 807.78
City Bellevue State WA Zip Code 98004	Purpose of Disbursement CPAC 002 Category/Type	
Candidate Name <b>J D WINTEREGG</b>		Transaction ID : SB17.6399 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Four Tier Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 273 Roslindale Ave		Amount of Each Disbursement this Period 1250.00
City Roslindale State MA Zip Code 02131	Purpose of Disbursement website 001 Category/Type	
Candidate Name <b>J D WINTEREGG</b>		Transaction ID : SB17.6429
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Four Tier Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 273 Roslindale Ave		Amount of Each Disbursement this Period 3750.00
City Roslindale State MA Zip Code 02131	Purpose of Disbursement website 001 Category/Type	
Candidate Name <b>J D WINTEREGG</b>		Transaction ID : SB17.6431
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5000.00
<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 12 OF 16	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**COMMITTEE TO ELECT JD WINTEREGG**

Full Name (Last, First, Middle Initial) <b>A. Jennifer Kerns</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1550 Larimer St. Suite 905		Amount of Each Disbursement this Period 2375.00 <b>Transaction ID : SB17.6439</b>
City Denver State CO Zip Code 80202	Purpose of Disbursement independent contractor - communications 001 Category/Type	
Candidate Name <b>J D WINTEREGG</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 08		

Full Name (Last, First, Middle Initial) <b>B. PAIGE HAKE GRAPHIC DESIGN</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 241 CALIFORNIA AVENUE		Amount of Each Disbursement this Period 266.34 <b>Transaction ID : SB17.6424</b>
City SPRINGFIELD State OH Zip Code 45505	Purpose of Disbursement logo and social media 006 Category/Type	
Candidate Name <b>J D WINTEREGG</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 08		

Full Name (Last, First, Middle Initial) <b>C. PIRYX - DONATION TRANSACTION FEE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 144 2ND STREET 1ST FLOOR		Amount of Each Disbursement this Period 129.78 <b>Transaction ID : SB17.6443</b>
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement Donation Fee 012 Category/Type	
Candidate Name <b>J D WINTEREGG</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 08		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2771.12
<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	

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)  
**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 01 / 27 / 2014
Mailing Address PO BOX 790408		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.6809</b>
City ST. LOUIS State MO Zip Code 63179	Purpose of Disbursement payment to cc 001 Category/Type	
Candidate Name <b>J D WINTEREGG</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 08		

Full Name (Last, First, Middle Initial) <b>B. US BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address PO BOX 790408		Amount of Each Disbursement this Period 206.77 <b>Transaction ID : SB17.6810</b>
City ST. LOUIS State MO Zip Code 63179	Purpose of Disbursement payment to cc 001 Category/Type	
Candidate Name <b>J D WINTEREGG</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 08		

Full Name (Last, First, Middle Initial) <b>C. US BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address PO BOX 790408		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.6449</b>
City ST. LOUIS State MO Zip Code 63179	Purpose of Disbursement payment to CC 001 Category/Type	
Candidate Name <b>J D WINTEREGG</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 08		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1056.77
<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				

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)  
**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 03 / 24 / 2014
Mailing Address PO BOX 790408		Amount of Each Disbursement this Period 143.23 <b>Transaction ID : SB17.6811</b>
City ST. LOUIS State MO Zip Code 63179	Purpose of Disbursement payment to cc 001 Category/Type	
Candidate Name <b>J D WINTEREGG</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 08		

Full Name (Last, First, Middle Initial) <b>B. J D WINTEREGG</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address 504 S MARKET ST		Amount of Each Disbursement this Period 218.44 <b>Transaction ID : SB17.6461</b>
City TROY State OH Zip Code 45373	Purpose of Disbursement reimbursement for travel expenses 002 Category/Type	
Candidate Name <b>J D WINTEREGG</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 08		

Full Name (Last, First, Middle Initial) <b>C. J D WINTEREGG</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 504 S MARKET ST		Amount of Each Disbursement this Period 224.43 <b>Transaction ID : SB17.6425</b>
City TROY State OH Zip Code 45373	Purpose of Disbursement reimbursement for non-travel expenses 006 Category/Type	
Candidate Name <b>J D WINTEREGG</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 08		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	586.10
<b>TOTAL</b> This Period (last page this line number only).....	16028.06

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

NAME OF COMMITTEE (In Full)

**COMMITTEE TO ELECT JD WINTEREGG**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>US BANK</b>		Nature of Debt (Purpose): CREDIT CARD DEBT
Mailing Address PO BOX 790408		
City	State	Zip Code
ST. LOUIS	MO	63179

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4289</b>	
<input type="text" value="556.77"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="556.77"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>US BANK</b>		Nature of Debt (Purpose): Credit Card Debt
Mailing Address PO BOX 790408		
City	State	Zip Code
ST. LOUIS	MO	63179

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.6418</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="4475.81"/>	<input type="text" value="643.23"/>	<input type="text" value="3832.58"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>J D WINTEREGG</b>		Nature of Debt (Purpose): REIMBURSEMENT FOR NON-TRAVEL ADVANCES
Mailing Address 504 S MARKET ST		
City	State	Zip Code
TROY	OH	45373

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4315</b>	
<input type="text" value="169.25"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="169.25"/>	<input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="3832.58"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**COMMITTEE TO ELECT JD WINTEREGG**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**J D WINTEREGG**

Mailing Address 504 S MARKET ST

City State Zip Code  
TROY OH 45373

Nature of Debt (Purpose):  
REIMBURSEMENT FOR TRAVEL ADVANCES

Outstanding Balance Beginning This Period **218.44** Transaction ID : SD10.4316

Amount Incurred This Period **0.00** Payment This Period **218.44** Outstanding Balance at Close of This Period **0.00**

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<b>0.00</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<b>3832.58</b>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<b>0.00</b>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<b>3832.58</b>