

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 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE 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 01 / 01 / 2015 through M M / D D / Y Y Y Y 03 / 31 / 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 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								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

The Committee to Elect JD Winteregg

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	5236.79	0.00
(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))	5236.79	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4502.02	0.00
(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))	4502.02	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27)	1438.64	
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)	5847.41	

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).....	3500.00	0.00
(ii) Unitemized.....	1736.79	0.00
(iii) TOTAL of contributions from individuals ▶	5236.79	0.00
(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))..	5236.79	0.00
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)..... ▶	5236.79	0.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4502.02	0.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4502.02	0.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	703.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5236.79
25. SUBTOTAL (add Line 23 and Line 24).....	5940.66
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4502.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1438.64

**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

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

Mailing Address PO Box 31

City South Charleston State OH Zip Code 45368

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

Name of Employer United States Occupation engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11AI.4473

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Leslie Rose

Mailing Address 330 S. Ocean Blvd.

City Palm Beach State FL Zip Code 33480

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11AI.5990

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Allen Simon

Mailing Address 1383 N Criss St

City Chandler State AZ Zip Code 85226

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2015

Transaction ID : SA11AI.4722

Amount of Each Receipt this Period
1000.00

Memo Item

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: (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)
Tom Temple

Mailing Address 598 Thoma Pl

City State Zip Code
Vandalia OH 45377

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

Name of Employer Occupation
Automation Technology, Inc. engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : SA11AI.4478

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address n/a

City State Zip Code
n/a

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

Name of Employer Occupation
self farmer

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
02 / 21 / 2015

Transaction ID : SA11AI.4633

Amount of Each Receipt this Period
250.00

Memo Item
Square, Inc donation

C. Full Name (Last, First, Middle Initial)
Steve Wine

Mailing Address n/a

City State Zip Code
n/a

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

Name of Employer Occupation
US Army n/a

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 21 / 2015

Transaction ID : SA11AI.4635

Amount of Each Receipt this Period
250.00

Memo Item
Square, Inc donation

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

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

1500.00

3500.00

**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 7 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. Chick-fil-a		Date of Disbursement MM / DD / YYYY 02 / 28 / 2015
Mailing Address Benchwood Rd.		Amount of Each Disbursement this Period 9.67
City Dayton	State OH Zip Code 45414	
Purpose of Disbursement US Bank credit card: food for volunteers		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5711
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Conservative Political Action Conference		Date of Disbursement MM / DD / YYYY 02 / 05 / 2015
Mailing Address unknown		Amount of Each Disbursement this Period 300.00
City Washington	State DC Zip Code 20005	
Purpose of Disbursement US Bank credit card: tickets for CPAC		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5851
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Corigraphics		Date of Disbursement MM / DD / YYYY 03 / 10 / 2015
Mailing Address 1041 W. Main St.		Amount of Each Disbursement this Period 168.95
City Troy	State OH Zip Code 45373	
Purpose of Disbursement US Bank credit card: printing:flyers		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5732
State: District:	Category/Type	

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 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. CVS		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2015
Mailing Address 6221 Oxon Hill Rd.		Amount of Each Disbursement this Period 1000.00 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5718
City Oxon Hill State MD Zip Code 20745	Purpose of Disbursement US Bank credit card: personal items:CPAC	
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. Expedia		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 333 108th Ave NE		Amount of Each Disbursement this Period 26.00 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5695
City Bellevue State WA Zip Code 98004	Purpose of Disbursement US Bank credit card: Hotel for CPAC	
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 / 13 / 2015
Mailing Address 273 Roslindale Ave		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.4613
City Roslindale State MA Zip Code 02131	Purpose of Disbursement website/fund raising	
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).....	1000.00
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. Four Tier Strategies			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015		
Mailing Address 273 Roslindale Ave			Amount of Each Disbursement this Period 1000.00		
City Roslindale	State MA	Zip Code 02131	Memo Item <input type="checkbox"/>		
Purpose of Disbursement website/fund raising		Candidate Name	Transaction ID : SB17.4616		
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)	Category/Type		
State: District:					

Full Name (Last, First, Middle Initial) B. Gaylord National			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015		
Mailing Address 201 Waterfront St.			Amount of Each Disbursement this Period 19.35		
City National Harbor	State MD	Zip Code 20745	Memo Item <input checked="" type="checkbox"/>		
Purpose of Disbursement US Bank credit card: food:CPAC		Candidate Name	Transaction ID : SB17.5742		
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)	Category/Type		
State: District:					

Full Name (Last, First, Middle Initial) c. Google Apps			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2015		
Mailing Address online			Amount of Each Disbursement this Period 46.66		
City Troy	State OH	Zip Code 45373	Memo Item <input checked="" type="checkbox"/>		
Purpose of Disbursement US Bank credit card: campaign app		Candidate Name	Transaction ID : SB17.5702		
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)	Category/Type		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1000.00
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. Google Apps			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address online			Amount of Each Disbursement this Period 17.31
City Troy	State OH	Zip Code 45373	
Purpose of Disbursement US Bank credit card: campaign app		Category/ Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.5731
State: District:			

Full Name (Last, First, Middle Initial) B. Ronald Stevens John			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address Hunt College			Amount of Each Disbursement this Period 1000.00
City Columbus	State OH	Zip Code 43210	
Purpose of Disbursement consultant		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.4614
State: District:			

Full Name (Last, First, Middle Initial) C. Mountaintop Media			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2015
Mailing Address P.O. Box 297			Amount of Each Disbursement this Period 5500.00
City Rodanthe	State NC	Zip Code 27968	
Purpose of Disbursement US Bank credit card: polling		Category/ Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.5704
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1000.00
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 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. NationBuilder			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015		
Mailing Address 2520 S. Grand Ave.			Amount of Each Disbursement this Period 251.00		
City Los Angeles	State CA	Zip Code 90071	<input type="checkbox"/> Memo Item Transaction ID : SB17.5703		
Purpose of Disbursement US Bank credit card: campaign software		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. NationBuilder			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015		
Mailing Address 2520 S. Grand Ave.			Amount of Each Disbursement this Period 67.00		
City Los Angeles	State CA	Zip Code 90071	<input type="checkbox"/> Memo Item Transaction ID : SB17.5735		
Purpose of Disbursement US Bank credit card: campaign fundraising software		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) C. New York Pizza			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2015		
Mailing Address 1401 Pennsylvania Ave. NE			Amount of Each Disbursement this Period 34.83		
City Washington	State DC	Zip Code 20003	<input type="checkbox"/> Memo Item Transaction ID : SB17.5725		
Purpose of Disbursement US Bank credit card: food:CPAC		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:				

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 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. Potomac Market		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2015
Mailing Address 3730 Minnesota Ave. NE		Amount of Each Disbursement this Period 25.67
City Washington	State DC	
Zip Code 20019	Purpose of Disbursement US Bank credit card: Food:CPAC	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5740
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 1761 West Main Street		Amount of Each Disbursement this Period 21.38
City Troy	State OH	
Zip Code 45373	Purpose of Disbursement US Bank credit card: copies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5705
State: District:		

Full Name (Last, First, Middle Initial) c. Subway		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2015
Mailing Address 1712 L St. NW		Amount of Each Disbursement this Period 12.41
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement US Bank credit card: food:CPAC	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5723
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 13 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. Travel Traders		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2015
Mailing Address 6205 Blue Lagoon Dr. Ste 550		Amount of Each Disbursement this Period 3.70
City Miami	State FL Zip Code 33126	
Purpose of Disbursement US Bank credit card: personal item:CPAC		<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5722
Candidate Name		
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) B. Uber		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2015
Mailing Address 1200 18th St. NW #700		Amount of Each Disbursement this Period 34.60
City Washington	State DC Zip Code 20003	
Purpose of Disbursement US Bank credit card: transportation to airport:CPAC		<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5710
Candidate Name		
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) C. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 233 S. Wacker Dr.		Amount of Each Disbursement this Period 588.80
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement US Bank credit card: airline tickets for CPAC		<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5693
Candidate Name		
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
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 14 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 Airways		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 111 W. Rio Salado Pkwy		Amount of Each Disbursement this Period 360.60
City State Zip Code Tempe AZ 85281	Purpose of Disbursement US Bank credit card: airline ticket: Washington DC	
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 : SB17.5727
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 / 31 / 2015
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 1327.84
City State Zip Code St. Louis MO 63179-0408	Purpose of Disbursement see description in disbursement memos	
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 : SB17.5691
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 305 S. Market St.		Amount of Each Disbursement this Period 19.60
City State Zip Code Troy OH 45373	Purpose of Disbursement US Bank credit card: postage	
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 : SB17.5733
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1327.84
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.5691

Vendors to whom credit card payments were made are shown in Schedule B

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 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. Vistaprint		Date of Disbursement MM / DD / YYYY 02 / 11 / 2015
Mailing Address unknown		Amount of Each Disbursement this Period 0.00 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5701
City Lexington	State MA	
Zip Code 02420	Purpose of Disbursement US Bank credit card: business cards	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period 0.00 <input type="checkbox"/> Memo Item
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:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period 0.00 <input type="checkbox"/> Memo Item
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:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	4327.84

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	Transaction ID : SD10.5690	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="7175.25"/>	<input type="text" value="1327.84"/>	<input type="text" value="5847.41"/>

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	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="5847.41"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="5847.41"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="5847.41"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <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: