

# 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 Winteredd

ADDRESS (number and street) ▼

PO Box 471

Check if different than previously reported. (ACC)

Troy

OH

45373

2. **FEC IDENTIFICATION NUMBER** ▼

C C00551465

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

OH

08

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Beth Cox

Signature of Treasurer Beth Cox

[Electronically Filed]

Date

/  /

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

Office Use Only

**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**The Committee to Elect JD Winteredd**

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))....	19288.04	19288.04
(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)).....	19288.04	19288.04
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	2045.63	2045.63
(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)).....	2045.63	2045.63
8. Cash on Hand at Close of Reporting Period (from Line 27).....	18751.28	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

The Committee to Elect JD Winterredd

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).....	12800.00	12800.00
(ii) Unitemized .....	6488.04	6488.04
(iii) TOTAL of contributions from individuals .....	19288.04	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))..	19288.04	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).....	19288.04	19288.04

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2045.63	2045.63
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) ►	2045.63	2045.63

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1508.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	19288.04
25. SUBTOTAL (add Line 23 and Line 24).....	20796.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2045.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	18751.28

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

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

FOR LINE NUMBER: PAGE 5 OF 13  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Ben Bahun**

Mailing Address 10850 New Carlisle Park

City New Carlisle State OH Zip Code 45344

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

Name of Employer self Occupation president

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : SA11AI.4318**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 3895 SE 20 St

City Ocala State FL Zip Code 34471

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

Name of Employer self Occupation dentist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : SA11AI.4185**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Pamela Clifford**

Mailing Address 12 Sitting Bull Trl  
18424

City Gouldsboro State PA Zip Code

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

Name of Employer n/a Occupation n/a

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2015

**Transaction ID : SA11AI.4133**

Amount of Each Receipt this Period  
 250.00

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

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

750.00

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Pamela Clifford</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Mailing Address 12 Sitting Bull Trl 18424		<b>Transaction ID : SA11AI.4181</b>
City Gouldsboro	State PA	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer n/a	Occupation n/a	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Pamela Clifford</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2015
Mailing Address 12 Sitting Bull Trl 18424		<b>Transaction ID : SA11AI.4287</b>
City Gouldsboro	State PA	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer n/a	Occupation n/a	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Walter Curt</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015
Mailing Address 7372 Campaign Dr		<b>Transaction ID : SA11AI.4381</b>
City Port Republic	State VA	
Zip Code 24471		Amount of Each Receipt this Period <input type="text" value="2700.00"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		
Name of Employer Power Monitors, Inc.	Occupation president	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text" value="2700.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="2800.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

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

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

Mailing Address 614 Runyon Ave

City State Zip Code  
Piscataway NJ 08854

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

Name of Employer Occupation  
IEEE Marketing

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2015

**Transaction ID : SA11AI.4250**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address

City State Zip Code  
Monroe OH 45050

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

Name of Employer Occupation  
General Electric engineer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.4361**

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
**Christopher Ekstrom**

Mailing Address 25 Highland Park Vlg  
Ste 100

City State Zip Code  
Dallas TX 75205

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

Name of Employer Occupation  
self investments

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.4330**

Amount of Each Receipt this Period  
 500.00

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**George Humphris**

Mailing Address 2 Parkway Dr

City Tom's River State NJ Zip Code 08753

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

Name of Employer UPS Occupation driver

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015

**Transaction ID : SA11AI.4226**

Amount of Each Receipt this Period  
 400.00

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

Mailing Address 1 Hughes Center Dr.  
Unit 1904

City Las Vegas State NV Zip Code 89169

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

Name of Employer College Loan Corp Occupation board member

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2015

**Transaction ID : SA11AI.4137**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard Knodel**

Mailing Address 7515 Dover Dr

City West Chester State OH Zip Code 45069

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

Name of Employer SW OH Reformed Presbyterian Ch Occupation clergy

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015

**Transaction ID : SA11AI.4205**

Amount of Each Receipt this Period  
 250.00

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

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

3350.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**James Kress**

Mailing Address 7630 Salem Woods Dr

City Northville State MI Zip Code 48168

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

Name of Employer self Occupation biochemical engineer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.4326**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1993 Main St

City Galloway State OH Zip Code 43119

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

Name of Employer self Occupation trainer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015

**Transaction ID : SA11AI.4209**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 13339 Calhoun Ct

City Pickerington State OH Zip Code 43147

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

Name of Employer n/a Occupation n/a

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2015

**Transaction ID : SA11AI.4154**

Amount of Each Receipt this Period  
 300.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 13
	<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 Winterredd**

Full Name (Last, First, Middle Initial) <b>A. Robert Rudy</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 26 / 2015
Mailing Address PO Box 67		<b>Transaction ID : SA11AI.4152</b>
City State Zip Code Covington OH 45318	Amount of Each Receipt this Period 2700.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Rudy Inc. grain trade	Amount of Each Receipt this Period 2700.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) <b>B. Allen Simon</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 1383 N Criss St		<b>Transaction ID : SA11AI.4217</b>
City State Zip Code Chandler AZ 85226	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation n/a retired	Amount of Each Receipt this Period 500.00
Receipt For: 2016 <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. Tom Temple</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015
Mailing Address		<b>Transaction ID : SA11AI.4340</b>
City State Zip Code Vandalia OH 45377	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Automation Technology, Inc. engineer	Amount of Each Receipt this Period 250.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3450.00
<b>TOTAL</b> This Period (last page this line number only).....	3450.00

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

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

FOR LINE NUMBER: PAGE 11 OF 13  
(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 Winteredd**

**A.** Full Name (Last, First, Middle Initial)  
**Chris Wysocki**

Mailing Address 15 Cedars Rd

City Caldwell State NJ Zip Code

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

Name of Employer Data Life Assoc. Inc. Occupation CTO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2015

**Transaction ID : SA11AI.4236**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1905 E University Dr

City Tempe State AZ Zip Code 85281

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

Name of Employer SAS Tempe, Inc Occupation owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015

**Transaction ID : SA11AI.4215**

Amount of Each Receipt this Period  
 500.00

**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).....

750.00

12800.00

**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 12 OF 13		
	<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 Winteredd**

Full Name (Last, First, Middle Initial) <b>A. US Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2015
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 149.00
City St. Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement credit line payment	Transaction ID : SB17.4411
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2015
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 2.00
City St. Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement analysis service charge	Transaction ID : SB17.4420
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2015
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 500.00
City St. Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement credit line payment	Transaction ID : SB17.4414
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	651.00
<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 13 OF 13			
	<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 Winteredd**

Full Name (Last, First, Middle Initial) <b>A. US Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 500.00
City St. Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement credit line payment	<b>Transaction ID : SB17.4413</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wandering Willow</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address PO Box 471		Amount of Each Disbursement this Period 514.80
City Troy	State OH	
Zip Code 45373	Purpose of Disbursement website design	<b>Transaction ID : SB17.4418</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1014.80
<b>TOTAL</b> This Period (last page this line number only).....	1665.80