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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 全时中枢3 元为124414,25,2014	FORM B For use by candidates and new employees	Page EGISLATIVE RESOURCE CENTER 2014 MAR 12 PH 2: 35	Page 1 of 5
Name: Joseph Daniel (J.D.) Winteregg Daytim	ଅ Daytime Telephone:	OFFICE OF THE CLERK 3. HOUSE OF REPRESENTATIVES	>
		(Office Use Only)	5
Candidate for the State: Ohio House of Representatives District:	Date of May 6,2014 Check if Amendment		assessed
Status New officer or Employing Office:		more than 30 days late.	
n all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	ESE QUESTIONS		
l. Did you or your spouse have "earned" income (e.g., salaries or less) of \$200 or more from any source in the reporting period? Yes No	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes	No.
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes No	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Š N	
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes X	
Each question in this part must be answered and the appropriate schedu	e appropriate schedule attached for	le attached for each "Yes" response.	
XCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	– ANS	WER EACH OF THESE QUESTIONS	
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	thics and certain other "excepted trusts" need no	Yes	N _S
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	Yes 🔲	No N

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Joseph Daniel Wintereca

Page 2 2

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Fixelide: Military pay (such as National Guard or Reserve pay) federal retirement programs, and henefits received under the Social Security Act

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	rement programs, and benefits re	eceived under the Social S	Security Act.
Course (include date of receipt for honoraria)	Type	Amount	unt
Source (include date of lecelpt to Frontialia)	Iybe	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
National Trail School District	Salary	\$3,873.04	\$20,127.79
Cedar-ville University	salary	\$8 00	\$3200
Northment City Schools	Spouse Salary	NA	NA
Self-employed tutoring	spouse salary	ZA	N ₽
Virtual Community School	salary	O O	\$3827
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			†		0	F	DC, Examples:	<u>.</u> ,	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second fromes and vacation homes (unites there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	ness, the nature of its activities, and its geographic location in Block A.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the busi-	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols).	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	>	ı
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			 -	<u> </u>	×	▙	-		TAX-DEFERRED Other Type of Income	<u>i</u>			Ä	S & F &	동	apph at do sp erate as 4	큻	
						ı	Royalties		(Specify: e.g., Partnership Incol	me or Farm Income))			if reinvested, must be dis- closed as income. Check "None" if the asset generated no income	plans or IRAs), you may check the "Tax-Defemed" column. Dividends ,	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k)	-	
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									\$5,001 – \$15,000		<u> </u>	Current Year	1	spouse or dependent child.	. <u>Š</u>	For assets for which you ch check the "None" column. For income by checking the appart and capital gains, even		
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			1	1	+	╀	1.	-	Spouse/DC Income over \$		Ϋ́			Je T	. ಕೃ		in E	₽
			X	×	X	۲	-		None None				1	I his column is for income derived from assets solely field by your pouse or dependent child.	income. Check "None" if no income was earned or generated.	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as	Amount of Income	إ إ
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		L	1		1		1	<u>: </u>	Spouse/DC income over \$	1,000,000	= 1		1					i

SCHEDULE III — LIABILITIES

Name Joseph Daniel Winteress

Page 1 of S

ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibowed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

								Amount of Liability	ınt of	Liabi	Ħγ			
SP,		Date Liability		\	8	ဂ	0	124	П	6) I			, X
JT DC,	Creditor	Incurred mo/year	Type of Liability	\$10,001 \$15,000	\$15,001— \$50,000	\$50,001— \$100,000	\$100,001— \$250,000 \$250,001 —	\$500,000 \$500,001—	\$1,000,000	\$1,000,001— \$5,000,000	\$5,000,001— \$25,000,000	\$25,000,001 \$50,000,000	Over \$50,000,000	Spouse/DC Liability over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE			L	×	L		L				
	US Bank	40/mrt	School Loans			×								
	US Department of Education Sup/Low	Suplano	School Loans			×								
	Chase	Max wil	condit oard	×	ļ				1					
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SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

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Position	Name of Organization
Sahaldwas	National Trail Loud School District
employee	Cedarville University
emplance	Virtual Community School
proprietor	The Language Center
Executive Director	Ohio Accountability Project

SCHEDULE V — AGREEMENTS

Name Joseph Daniel Winteregg

Page S of S

Identify the date service; continuefit plan mainta	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. Date	respect to: future employment; a leave of absence during an the U.S. Government; or continuing participation in an Terms of Agreement Oluba State Teachers & Retice years
	Myself \$ state of Ohio	Ohio State Teachers Retirement

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services

CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

	The Honorable Karen L. Haas, Clerk	
	Office of the Clerk, U.S. House of Representatives	
	Legislative Resource Center	20 20
	B-106 Cannon House Office Building	SLA SLA
	Washington, DC 20515-6601	MAR I
	washington, DC 20717-0001	
	•	T Social Section 1
ndicate Your Status:	Dear Madam Clerk:	LEGISLATIVE RESOURCE CENTED THE CLERK OF REPRESENTATE OF REPRE
Select One)	Г	TAR Y G
	This is to notify you that I have not yet raised (either through	gir contributions of Sams right in Aser
Over \$5,000 Threshold Not	or others) or spent in excess of \$5,000 for my campaign for	r the U.S. House of Representatives.
Exceeded	I understand that when I do raise or spend in excess of \$5,000	for my campaign, I must file a Financial
	Disclosure Statement with the Clerk of the House of Repre	esentatives according to the deadlines
	set out on pages 2 and 3 of the Financial Disclosure Instruct	tion booklet, a copy of which has been
	provided to me by the Clerk.	
	F.	
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	This is to notify you that under the laws of the state of	,
Withdrawal	I withdrew my candidacy for the U.S. House of Representative	es on
of Candidacy	Nices If your Einstein Dischause Section on true due hefe	the date on which you withdraw
	[Note: If your Financial Disclosure Statement was due before	_
	from the race, you still must file a Financial Disclosure State	ement with the Plouse.
	Name (Please Print or Type): J. D. Winteregg	
	1)	0
	State: UNIO	District:
	Date: 3-2-14	
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	(THIS PAGE WILL BE MADE PUBLICLY AVAILA	* I sent in a copy of this in November and w
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		told it was not received.
	PETUDAL CONTRICTED STATEMENT TO	I was told to note this and informyon that I crossed the \$5000 raise/spend
	RETURN COMPLETED STATEMENT TO: The Clerk, U.S. House of Representatives	that I crossed the \$5000 raise/spend
	Legislative Resource Center	threshold on 2/1/2014
	B-106 Cannon House Office Building Washington, DC 20515-6601	7.,,,,
	Tradington, Do 20010-0001	1

MAR - 4 2014

CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED. PLEASE COMPLETE BOTH PAGES AND RETURN TO THE OFFICE OF THE CLERK AT THE MAILING ADDRESS BELOW.

		2014 MAR 1 OFFICE C J.S. HOUSE OF	<u> </u>
Signature:	Date: 3-2-14	GFTHE CLERK	RESOURCE
State: Ohio	District:	ATVES	CENTER
Daytime Telephone: 3-2-14			

* I sent in a copy of this in November and was told it was not teceived. I was told note this and inform you that I crossed the \$5000 raise/spend threshold on 2/1/2014

(THIS PAGE WILL NOT BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO: The Clerk, U.S. House of Representatives Legislative Resource Center B-106 Cannon House Office Building Washington, DC 20515-6601