

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

SECRETARY OF THE SENATE

14 MAY 29 PM 2:48

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

J A S O N F O R S O U T H D A K O T A

ADDRESS (number and street)

P O B O X 5 5 3



Check if different than previously reported. (ACC)

Y A N K T O N

S D

5 7 0 7 8

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C 0 0 5 5 4 8 6 5

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

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

0 6 / 0 3 / 2 0 1 4

in the State of

S D

(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  
0 4 / 0 1 / 2 0 1 4

through

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 1 4

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 JAMIE NEITZKE

Signature of Treasurer

*Jamie Neitzke*

Date

0 5 / 2 2 / 2 0 1 4

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)

14020403292

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**JASON FOR SOUTH DAKOTA**

Report Covering the Period: From: **04 / 01 / 2014** To: **05 / 14 / 2014**

	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))..	7,650.00	1,077,780.00
(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))...	7,650.00	1,077,780.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	2,423.62	43,393.22
(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))...	2,423.62	43,393.22
8. Cash on Hand at Close of Reporting Period (from Line 27)...	2,378.48	
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) ..	2,378.48	

**For further information contact:**

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

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

14020403293

**DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

**JASON FOR SOUTH DAKOTA**

Report Covering the Period: From:

**04 / 01 / 2014**

To:

**05 / 14 / 2014**

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)...	7,650.00	1,077.80
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals .	7,650.00	1,077.80
(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))..	7,650.00	1,077.80
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	15,000.00	3,500.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	15,000.00	3,500.00
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)...	22,650.00	4,577.80

14020403294

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	2,423.628	4,339.932
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) ►	<b>2,423.628</b>	<b>4,339.932</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	3,964.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	2,265.00
25. SUBTOTAL (add Line 23 and Line 24)...	2,661.476
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	2,423.628
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	2,378.48

14020403295

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

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) **JASON FOR SOUTH DAKOTA**

**A.** Full Name (Last, First, Middle Initial)  
**Aun, David G.**

Mailing Address  
**835 N. Forrest**

City **Arlington Heights** State **IL** Zip **60004**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **CA** Occupation **VE**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000**

Date of Receipt  
**04 / 01 / 2014**

Amount of Each Receipt this Period  
**5000**

**B.** Full Name (Last, First, Middle Initial)  
**Beneshan, Joseph C.**

Mailing Address  
**38 Cherry Lane**

City **Lake Placid** State **NY** Zip Code **12946**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **Retired** Occupation **Musician**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  
**04 / 18 / 2014**

Amount of Each Receipt this Period  
**2500**

**C.** Full Name (Last, First, Middle Initial)  
**Brown, John E.**

Mailing Address  
**3813 New Garden Commons**

City **Greensboro** State **NC** Zip Code **27410**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **Retired** Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  
**04 / 08 / 2014**

Amount of Each Receipt this Period  
**2500**

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

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

14020403296

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

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

FOR LINE NUMBER:		PAGE		OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) **JASON FOR SOUTH DAKOTA**

**A.** Full Name (Last, First, Middle Initial)  
**Bruce, Nancy**

Mailing Address  
**806 Pine Valley Drive**

City **Huxley** State **IA** Zip Code **50124**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **SW Construction** Occupation **Manager**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**260000**

Date of Receipt  
**04 / 04 / 2014**

Amount of Each Receipt this Period  
**260000**

**B.** Full Name (Last, First, Middle Initial)  
**Bruce, Nancy**

Mailing Address  
**806 Pine Valley Drive**

City **Huxley** State **IA** Zip Code **50124**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **SW Construction** Occupation **Manager**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**520000**

Date of Receipt  
**04 / 17 / 2014**

Amount of Each Receipt this Period  
**260000**

**C.** Full Name (Last, First, Middle Initial)  
**Casario, John P.**

Mailing Address  
**15 West 72 Street, Apt. # 20E**

City **New York** State **NY** Zip Code **10023**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **Self** Occupation **Physician**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
**04 / 20 / 2014**

Amount of Each Receipt this Period  
**1000**

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

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

14020403297

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

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

FOR LINE NUMBER: PAGE OF

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

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NAME OF COMMITTEE (In Full)  
**JASON FOR SOUTH DAKOTA**

**A.** Full Name (Last, First, Middle Initial)  
**Conley, Elizabeth**

Mailing Address  
**12315 17th Helena Drive**

City **Los Angeles** State **CA** Zip Code **90049**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **Retired** Occupation **Tax Preparer**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000**

Date of Receipt  
**04 / 19 / 2014**

Amount of Each Receipt this Period  
**10000**

**B.** Full Name (Last, First, Middle Initial)  
**Crosby, Donald E.**

Mailing Address  
**3109 S. 268th Place**

City **Kent** State **WA** Zip Code **98032**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **DC LOGISTICS, LLC** Occupation **Air Freight**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**25000**

Date of Receipt  
**04 / 01 / 2014**

Amount of Each Receipt this Period  
**25000**

**C.** Full Name (Last, First, Middle Initial)  
**Currier, Edward**

Mailing Address  
**3991 Birch Drive**

City **Honor** State **MI** Zip Code **49640**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **Retired** Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  
**04 / 08 / 2014**

Amount of Each Receipt this Period  
**2500**

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

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

.....

.....

14020403298

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

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NAME OF COMMITTEE (In Full) **JASON FOR SOUTH DAKOTA**

**A.** Full Name (Last, First, Middle Initial)  
**Dobish, Lois**

Mailing Address  
**14315 NE 12th Place**

City **Bellevue** State **WA** Zip Code **98007**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **Homemaker - Self** Occupation **Homemaker**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt **04 / 02 / 2014**

Amount of Each Receipt this Period **2500**

**B.** Full Name (Last, First, Middle Initial)  
**Doering, Richard A.**

Mailing Address  
**P.O. Box 837**

City **Newnan Lake** State **WA** Zip Code **99025**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **Division Eight** Occupation **Carpenter**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt **04 / 02 / 2014**

Amount of Each Receipt this Period **2500**

**C.** Full Name (Last, First, Middle Initial)  
**Dyson, Joan**

Mailing Address  
**P.O. Box 1026**

City **Henderson** State **NV** Zip Code **89012**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **Retired** Occupation **Police Volunteer**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt **04 / 08 / 2014**

Amount of Each Receipt this Period **2500**

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

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

14020403299



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

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

FOR LINE NUMBER:		PAGE		OF						
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 13c	<input type="checkbox"/> 13d	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**JASON FOR SOUTH DAKOTA**

**A.** Full Name (Last, First, Middle Initial)  
**Kearney, Joe**

Mailing Address  
**10700 Corporate Drive - #124**

City **Stafford** State **TX** Zip Code **77477**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **4Evergreen Valve Company** Occupation **Industrial Sales**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt **04 / 02 / 2014**

Amount of Each Receipt this Period **2500**

**B.** Full Name (Last, First, Middle Initial)  
**Ghent, Virginia M.**

Mailing Address  
**8**

City **San Diego** State **CA** Zip Code **92123**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **The Home Depot** Occupation **Sales Associate**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt **04 / 01 / 2014**

Amount of Each Receipt this Period **1000**

**C.** Full Name (Last, First, Middle Initial)  
**Gurta, Dan**

Mailing Address  
**18690 Andrew Lane**

City **New Benton** State **MI** Zip Code **48164**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **None** Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt **04 / 01 / 2014**

Amount of Each Receipt this Period **5000**

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

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

14020403300

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

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NAME OF COMMITTEE (In Full) **JASON FOR SOUTH DAKOTA**

Full Name (Last, First, Middle Initial) <b>A. Hammer, Bruce</b>		Date of Receipt MM / DD / YYYY <b>04 / 08 / 2014</b>
Mailing Address <b>304 W. 400 South</b>		Amount of Each Receipt this Period <b>1 0 0 0</b>
City <b>Manti</b>	State Zip Code <b>UT 84642</b>	
FEC ID number of contributing federal political committee. <b>C 0 0 5 5 4 8 6 5</b>		Amount of Each Receipt this Period <b>1 0 0 0</b>
Name of Employer <b>Pacificorp</b>	Occupation <b>Senior Technician</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1 0 0 0</b>	

Full Name (Last, First, Middle Initial) <b>B. Howey-Fox, Wanda L.</b>		Date of Receipt MM / DD / YYYY <b>04 / 15 / 2014</b>
Mailing Address <b>411 Lewis &amp; Clark Trail</b>		Amount of Each Receipt this Period <b>1 0 0 0 0 0</b>
City <b>Yankton</b>	State Zip Code <b>SD 57078</b>	
FEC ID number of contributing federal political committee. <b>C 0 0 5 5 4 8 6 5</b>		Amount of Each Receipt this Period <b>1 0 0 0 0 0</b>
Name of Employer <b>Harcinlink, Fox &amp; Ravensborg</b>	Occupation <b>Attorney</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1 0 0 0 0 0</b>	

Full Name (Last, First, Middle Initial) <b>C. Herrell, Paul</b>		Date of Receipt MM / DD / YYYY <b>04 / 01 / 2014</b>
Mailing Address <b>1970 Lovers Lane</b>		Amount of Each Receipt this Period <b>2 5 0 0</b>
City <b>Hopkinsville</b>	State Zip Code <b>KY 42240</b>	
FEC ID number of contributing federal political committee. <b>C 0 0 5 5 4 8 6 5</b>		Amount of Each Receipt this Period <b>2 5 0 0</b>
Name of Employer <b>Ophthalmology Associates of Western KY</b>	Occupation <b>Physician</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>2 5 0 0</b>	

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

14020403301

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

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NAME OF COMMITTEE (In Full) **JASON FOR SOUTH DAKOTA**

**A.** Full Name (Last, First, Middle Initial)  
**Johns, Timothy**

Mailing Address  
**203 W. Main Street**

City **Lead** State **SD** Zip Code **57754**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **Johns & Kosel** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1 5 0 0 0**

Date of Receipt **04 / 26 / 2014**

Amount of Each Receipt this Period **1 5 0 0 0**

**B.** Full Name (Last, First, Middle Initial)  
**Juppe, John P.**

Mailing Address  
**51 Laurelton Avenue**

City **Lake Grove** State **NY** Zip Code **11755**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **None** Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5 0 0 0**

Date of Receipt **04 / 11 / 2014**

Amount of Each Receipt this Period **5 0 0 0**

**C.** Full Name (Last, First, Middle Initial)  
**Koth, Gerald**

Mailing Address  
**110 E. Center Street PMB1571**

City **Madison** State **SD** Zip Code **57042**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **Retired** Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2 5 0 0**

Date of Receipt **04 / 01 / 2014**

Amount of Each Receipt this Period **2 5 0 0**

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

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

14020403302

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

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NAME OF COMMITTEE (In Full) **JASON FOR SOUTH DAKOTA**

Full Name (Last, First, Middle Initial) <b>Land, Marilyn Ruth</b>		Date of Receipt
Mailing Address <b>1457 N. High Drive</b>		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City <b>McPherson</b>	State <b>KS</b>	Zip Code <b>67460-2108</b>
FEC ID number of contributing federal political committee. <b>C 00554865</b>		Amount of Each Receipt this Period <input type="text" value="3000"/>
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text" value="3000"/>	

Full Name (Last, First, Middle Initial) <b>Liddington, Stephen</b>		Date of Receipt
Mailing Address <b>11 Eastridge</b>		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City <b>Trabuco Canton</b>	State <b>CA</b>	Zip Code <b>92679</b>
FEC ID number of contributing federal political committee. <b>C 00554865</b>		Amount of Each Receipt this Period <input type="text" value="1000"/>
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text" value="1000"/>	

Full Name (Last, First, Middle Initial) <b>Mathis, Milton</b>		Date of Receipt
Mailing Address <b>960 Golden Street, P.O. Box 141</b>		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City <b>Calhan</b>	State <b>CO</b>	Zip Code <b>80808</b>
FEC ID number of contributing federal political committee. <b>C 00554865</b>		Amount of Each Receipt this Period <input type="text" value="2500"/>
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text" value="2500"/>	

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

14020403303

**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	OF
<input 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) **JASON FOR SOUTH DAKOTA**

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

Mailing Address  
**2205 Paradise Lane**

City **Flower Mound** State **TX** Zip Code **75022**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **None** Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt **04 / 04 / 2014**

Amount of Each Receipt this Period **500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Owens, Suzanne**

Mailing Address  
**1007 Fletcher Avenue**

City **Redlands** State **CA** Zip Code **92373**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **None** Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt **04 / 02 / 2014**

Amount of Each Receipt this Period **2500**

**C.** Full Name (Last, First, Middle Initial)  
**Robinson, Dick**

Mailing Address  
**1908 Burleigh Avenue**

City **Yankton** State **SD** Zip Code **57078**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **Retired** Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10000**

Date of Receipt **04 / 04 / 2014**

Amount of Each Receipt this Period **10000**

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

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

14020403304

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

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NAME OF COMMITTEE (In Full) **JASON FOR SOUTH DAKOTA**

**A.** Full Name (Last, First, Middle Initial) **Schuette, Dorothy**

Mailing Address **151 Kalmia Terrace Court**

City **Hendersonville** State **NC** Zip Code **28739**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **Retired** Occupation **Retired**

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt **04 / 04 / 2014**

Amount of Each Receipt this Period **1500**

**B.** Full Name (Last, First, Middle Initial) **Shinedling, Martin M.**

Mailing Address **1795 N. Snow Canyon Parkway - Unit #36**

City **St, Goerge** State **UT** Zip Code **84770**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **Self Employed** Occupation **Psychologist**

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt **04 / 01 / 2014**

Amount of Each Receipt this Period **2500**

**C.** Full Name (Last, First, Middle Initial) **Simonsen, Jeff S.**

Mailing Address **6061 K Avenue**

City **Quimby** State **IA** Zip Code **51049**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **Simonsen Industries** Occupation **Owner**

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date **15000**

Date of Receipt **05 / 04 / 2014**

Amount of Each Receipt this Period **15000**

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

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

14020403305

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

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NAME OF COMMITTEE (In Full) **JASON FOR SOUTH DAKOTA**

**A.**

Full Name (Last, First, Middle Initial)  
**Sindelar, John**

Mailing Address  
**570 Kings Highway**

City **Valley Cottage** State **NY** Zip Code **10989**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **None** Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt **04 / 18 / 2014**

Amount of Each Receipt this Period **2000**

**B.**

Full Name (Last, First, Middle Initial)  
**Sweatt, Nancy**

Mailing Address  
**P.O. Box 3087**

City **Santa Cruz** State **CA** Zip Code **95063**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **Self** Occupation **Retired Attorney**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2,500**

Date of Receipt **04 / 02 / 2014**

Amount of Each Receipt this Period **2,500**

**C.**

Full Name (Last, First, Middle Initial)  
**Waldo, Diane**

Mailing Address  
**20411 84th Street N.E.**

City **Granite Falls** State **WA** Zip Code **98252**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **FSX, Inc.** Occupation **President**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt **04 / 01 / 2014**

Amount of Each Receipt this Period **2500**

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

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

14020403306

**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	OF
<input 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) **JASON FOR SOUTH DAKOTA**

**A.** Full Name (Last, First, Middle Initial)  
**Williams, Linda Manning**

Mailing Address  
**26605 Rigsby Road**

City **Daphne** State **AL** Zip Code **36526**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **Retired** Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt **04 / 08 / 2014**

Amount of Each Receipt this Period **2500**

**B.** Full Name (Last, First, Middle Initial)  
**Zavaleta, John J,**

Mailing Address **3501 N. MacArthur Blvd. - Suite #350**

City **Irving** State **TX** Zip Code **75062**

FEC ID number of contributing federal political committee. **C 00554865**

Name of Employer **Las Colinas OBGYN** Occupation **Physician**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt **04 / 02 / 2014**

Amount of Each Receipt this Period **2000**

**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

Amount of Each Receipt this Period

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

**TOTAL** This Period (last page this line number only)..... **765000**

14020403307



**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	OF
	<input 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)  
**JASON FOR SOUTH DAKOTA**

**A.**

ACS Public Relations  
Mailing Address  
**6214 Devonhurst Drive**  
City **Jacksonville** State **FL** Zip Code **32258**

Purpose of Disbursement  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **05 / 02 / 2014**

Amount of Each Disbursement this Period: **3,500.00**

Category/Type

**B.**

Aurora County GOP  
Mailing Address  
**110 S. Walnut**  
City **Plankinton** State **SD** Zip Code **57368**

Purpose of Disbursement  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **04 / 07 / 2014**

Amount of Each Disbursement this Period: **500.00**

Category/Type

**C.**

Bank of America VISA  
Mailing Address  
**PO Box 15019**  
City **Wilmington** State **DE** Zip Code **19886**

Purpose of Disbursement  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **04 / 25 / 2014**

Amount of Each Disbursement this Period: **1,472.20**

Category/Type

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

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

14020403308

**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	OF
	<input 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)  
**JASON FOR SOUTH DAKOTA**

Full Name (Last, First, Middle Initial)

**A. Brookings County GOP**

Mailing Address  
**PO Box 641**

City **Brookings** State **SD** Zip Code **57006**

Purpose of Disbursement  
**Meals and Advertising**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**04 / 08 / 2014**

Amount of Each Disbursement this Period  
**1200.00**

Full Name (Last, First, Middle Initial)

**B. Brown County GOP**

Mailing Address  
**PO Box 886**

City **Aberdeen** State **SD** Zip Code **57402**

Purpose of Disbursement  
**Meal and Advertising**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**04 / 30 / 2014**

Amount of Each Disbursement this Period  
**700.00**

Full Name (Last, First, Middle Initial)

**C. Bruce, Nancy**

Mailing Address  
**806 Pine Valley Drive**

City **Huxley** State **IA** Zip Code **50124**

Purpose of Disbursement  
**Computer and other Electronics - In Kind**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**04 / 04 / 2014**

Amount of Each Disbursement this Period  
**2600.00**

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

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

14020403309

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

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NAME OF COMMITTEE (In Full)  
**JASON FOR SOUTH DAKOTA**

Full Name (Last, First, Middle Initial)

**A. Bruce, Nancy**

Mailing Address  
**806 Pine Valley Drive**

City **Huxley** State **IA** Zip Code **50124**

Purpose of Disbursement  
**Postage - Printing - In Kind**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**04 / 17 / 2014**

Amount of Each Disbursement this Period  
**2,600.00**

Category/Type

Full Name (Last, First, Middle Initial)

**B. Brule - Lyman County GOP**

Mailing Address  
**106 Olson Blvd**

City **Chamberlain** State **SD** Zip Code **57325**

Purpose of Disbursement  
**Meal and Advertising**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**05 / 07 / 2014**

Amount of Each Disbursement this Period  
**1,550.00**

Category/Type

Full Name (Last, First, Middle Initial)

**C. Charles Mix County GOP**

Mailing Address  
**37263 272nd Street**

City **Platte** State **SD** Zip Code **57369**

Purpose of Disbursement  
**Meal and Advertising**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**04 / 01 / 2014**

Amount of Each Disbursement this Period  
**100.00**

Category/Type

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

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

14020403310

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

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NAME OF COMMITTEE (In Full)  
**JASON FOR SOUTH DAKOTA**

Full Name (Last, First, Middle Initial)  
**A. Grushow, Charlie**

Mailing Address  
**1410 20th Street Unit-15**

City **West Des Moines** State **IA** Zip Code **50265**

Purpose of Disbursement  
**Expenses Reimbursement**

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY  
**04 / 21 / 2014**

Amount of Each Disbursement this Period  
**2,164.46**

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

Mailing Address  
**PO Box 183071**

City **Columbus** State **OH** Zip Code **43218**

Purpose of Disbursement  
**Gas - Lodging - Credit Card**

Candidate Name \_\_\_\_\_

Office Sought:  Senate  House  President

Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY  
**04 / 08 / 2014**

Amount of Each Disbursement this Period  
**1,123.73**

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

Mailing Address  
**PO Box 183071**

City **Columbus** State **OH** Zip Code **43218**

Purpose of Disbursement  
**Gas - Lodging - Credit Card**

Candidate Name \_\_\_\_\_

Office Sought:  Senate  House  President

Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY  
**05 / 08 / 2014**

Amount of Each Disbursement this Period  
**598.68**

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

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

14020403311

**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 OF

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

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NAME OF COMMITTEE (In Full)

**JASON FOR SOUTH DAKOTA**

Full Name (Last, First, Middle Initial)

<b>A. Dakota Campaign Store</b>		Date of Disbursement
Mailing Address <b>1610 17th Avenue S</b>		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City <b>Brookings</b>	State <b>SD</b>	Zip Code <b>57006</b>
Purpose of Disbursement <b>Advertising</b>		Amount of Each Disbursement this Period <input type="text" value="75000"/>
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>B. Discover Card</b>		Date of Disbursement
Mailing Address <b>PO Box 6103</b>		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City <b>Carol Stream</b>	State <b>IL</b>	Zip Code <b>60197</b>
Purpose of Disbursement <b>Gas - Credit Card</b>		Amount of Each Disbursement this Period <input type="text" value="11895"/>
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>C. Fall River GOP</b>		Date of Disbursement
Mailing Address <b>12818 Pine Haven Road</b>		<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City <b>Hot Springs</b>	State <b>SD</b>	Zip Code <b>57747</b>
Purpose of Disbursement <b>Meals - Advertising</b>		Amount of Each Disbursement this Period <input type="text" value="12000"/>
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

14020403312

**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	OF
	<input 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)  
**JASON FOR SOUTH DAKOTA**

Full Name (Last, First, Middle Initial)  
**A. Johnson, Garcy**

Date of Disbursement  
MM / DD / YYYY  
**04 / 03 / 2014**

Mailing Address  
**PO Box 428**

City State Zip Code  
**Gary GA 31032**

Purpose of Disbursement  
**Consulting**

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period  
**125000**

Full Name (Last, First, Middle Initial)  
**B. Jump, Bob**

Date of Disbursement  
MM / DD / YYYY  
**05 / 05 / 2014**

Mailing Address  
**PO Box 99**

City State Zip Code  
**Center Cross VA 22437**

Purpose of Disbursement  
**Voice Work - Advertising**

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period  
**250000**

Full Name (Last, First, Middle Initial)  
**C. Lake County GOP**

Date of Disbursement  
MM / DD / YYYY  
**05 / 06 / 2014**

Mailing Address  
**613 NW 9th Street**

City State Zip Code  
**Madison SD 57042**

Purpose of Disbursement  
**Meal - Advertising**

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period  
**150000**

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

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

14020403313

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

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NAME OF COMMITTEE (In Full)  
**JASON FOR SOUTH DAKOTA**

Full Name (Last, First, Middle Initial)  
**A. Lawrence County GOP**

Mailing Address  
**265 Fairway Drive**

City **Spearfish** State **SD** Zip Code **57783**

Purpose of Disbursement  
**Meal - Advertising**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**04 / 29 / 2014**

Amount of Each Disbursement this Period  
**8000**

Full Name (Last, First, Middle Initial)  
**B. Pennington County GOP**

Mailing Address  
**1305 W Main Street**

City **Rapid City** State **SD** Zip Code **57701**

Purpose of Disbursement  
**Meals and Advertising**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**04 / 17 / 2014**

Amount of Each Disbursement this Period  
**42500**

Full Name (Last, First, Middle Initial)  
**C. Perkins County GOP**

Mailing Address  
**301 7th Avenue**

City **Lemmon** State **SD** Zip Code **57638**

Purpose of Disbursement  
**Meals - Advertising**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**04 / 30 / 2014**

Amount of Each Disbursement this Period  
**3000**

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

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

14020403314

**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 OF

17  18  19a  19b  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)

**JASON FOR SOUTH DAKOTA**

Full Name (Last, First, Middle Initial)

**A. Piryx Inc.**

Mailing Address  
**144 2nd Street 1st Floor**

City: **San Francisco** State: **CA** Zip Code: **94105**

Purpose of Disbursement: **Fees**

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **04 / 01 / 2014**

Amount of Each Disbursement this Period: **287.8**

Category/Type: \_\_\_\_\_

**B. Piryx Inc.**

Mailing Address  
**144 2nd Street 1st Floor**

City: **San Francisco** State: **CA** Zip Code: **94105**

Purpose of Disbursement: **Fees**

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **04 / 02 / 2014**

Amount of Each Disbursement this Period: **112.3**

Category/Type: \_\_\_\_\_

**C. Piryx Inc.**

Mailing Address  
**144 2nd Street 1st Floor**

City: **San Francisco** State: **CA** Zip Code: **94105**

Purpose of Disbursement: **Fees**

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **04 / 04 / 2014**

Amount of Each Disbursement this Period: **173**

Category/Type: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

14020403315



**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 OF

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

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NAME OF COMMITTEE (In Full)

**JASON FOR SOUTH DAKOTA**

Full Name (Last, First, Middle Initial)

<b>A. Piryx Inc.</b> Mailing Address <b>141 2nd Street 1st Floor</b> City State Zip Code <b>San Francisco CA 94105</b> Purpose of Disbursement <b>Fees</b> Candidate Name		Date of Disbursement MM / DD / YYYY <b>04 / 08 / 2014</b> Amount of Each Disbursement this Period <b>634</b>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type	
State: District:		

<b>B. Piryx Inc.</b> Mailing Address <b>141 2nd Street 1st Floor</b> City State Zip Code <b>San Francisco CA 94105</b> Purpose of Disbursement <b>Fees</b> Candidate Name		Date of Disbursement MM / DD / YYYY <b>04 / 10 / 2014</b> Amount of Each Disbursement this Period <b>58</b>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type	
State: District:		

<b>C. Piryx Inc.</b> Mailing Address <b>141 2nd Street 1st Floor</b> City State Zip Code <b>San Francisco CA 94105</b> Purpose of Disbursement <b>Fees</b> Candidate Name		Date of Disbursement MM / DD / YYYY <b>04 / 11 / 2014</b> Amount of Each Disbursement this Period <b>11</b>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type	
State: District:		

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

14020403316

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

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NAME OF COMMITTEE (In Full)  
**JASON FOR SOUTH DAKOTA**

Full Name (Last, First, Middle Initial) <b>A. Piryx Inc.</b>		Date of Disbursement MM / DD / YYYY <b>04 / 18 / 2014</b>
Mailing Address <b>144 2nd Street 1st Floor</b>		Amount of Each Disbursement this Period <b>259</b>
City <b>San Francisco</b>	State <b>CA</b>	
Zip Code <b>94105</b>		Category/ Type
Purpose of Disbursement		
Fees		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Candidate Name		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:

Full Name (Last, First, Middle Initial) <b>B. Piryx Inc.</b>		Date of Disbursement MM / DD / YYYY <b>04 / 19 / 2014</b>
Mailing Address <b>144 2nd Street 1st Floor</b>		Amount of Each Disbursement this Period <b>575</b>
City <b>San Francisco</b>	State <b>CA</b>	
Zip Code <b>94105</b>		Category/ Type
Purpose of Disbursement		
Fees		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Candidate Name		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:

Full Name (Last, First, Middle Initial) <b>C. Piryx Inc.</b>		Date of Disbursement MM / DD / YYYY <b>04 / 20 / 2014</b>
Mailing Address <b>144 2nd Street 1st Floor</b>		Amount of Each Disbursement this Period <b>115</b>
City <b>San Francisco</b>	State <b>CA</b>	
Zip Code <b>94105</b>		Category/ Type
Purpose of Disbursement		
Fees		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Candidate Name		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:

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

14020403317

**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	OF
	<input 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)  
**JASON FOR SOUTH DAKOTA**

Full Name (Last, First, Middle Initial)

**A. Roberts County GOP**

Mailing Address  
**11923 Valley View Road**

City **Sisseton** State **SD** Zip Code **57262**

Purpose of Disbursement  
**Meals - Advertisign**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**05 / 13 / 2014**

Amount of Each Disbursement this Period  
**4500**

Full Name (Last, First, Middle Initial)

**B. Stranahan, Lee**

Mailing Address  
**13824 Methues Green Street**

City **Dallas** State **TX** Zip Code **75240**

Purpose of Disbursement  
**Videography Consulting**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**04 / 29 / 2014**

Amount of Each Disbursement this Period  
**200000**

Full Name (Last, First, Middle Initial)

**C. Stranahan, Lee**

Mailing Address  
**13824 Methuen Green Street**

City **Dallas** State **TX** Zip Code **75240**

Purpose of Disbursement  
**Videography Consulting**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**05 / 06 / 2014**

Amount of Each Disbursement this Period  
**200000**

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

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

14020403318

**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 OF

17  18  19a  19b  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)  
**JASON FOR SOUTH DAKOTA**

Full Name (Last, First, Middle Initial)

**A. Yankton County GOP**

Mailing Address  
**621 W. Riverside Drive**

City **Yankton** State **SD** Zip Code **57078**

Purpose of Disbursement  
**Meals - Advertising**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**05 / 06 / 2014**

Amount of Each Disbursement this Period  
**1,550.00**

Category/Type

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

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

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

**2,423.628**

14020403319

**SCHEDULE C (FEC Form 3)**

**LOANS**

NAME OF COMMITTEE (In Full)  
**JASON FOR SOUTH DAKOTA**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Ravnsborg, Jason R.**

Mailing Address  
**209 Fairway Drive**

City State ZIP Code  
**Yankton SD 57078**

Election:  
 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

**15,000.00 0.00 15,000.00**

**TERMS**

Date Incurred Date Due Interest Rate Secured:

**0.4 / 0.1 / 2-0-1-4 1.2 / 3-1 / 2-0-1-4 0.000% (apr)  Yes  No**

List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional)...

**TOTALS** This Period (last page in this line only) ..

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020403320

14020403321

Full To Open

**EXTREMELY URGENT**

Please Rush To Addressee

Schedule package pickup right from your home or office at [usps.com/pickup](http://usps.com/pickup)

Print pos

o to [usps.com/poste](http://usps.com/poste)

PLEASE PRESS FIRMLY

PLEAS



U.S. POSTAGE  
PITNEY BOWES  
YANKTON, SD  
57078  
MAY 23 2014  
AMOUNT

**\$17.96**  
00080003-05

1007

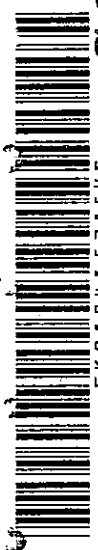


UNITED STATES POSTAL SERVICE

**SCREENED  
BY THE SENATE  
POST OFFICE**

V/s

UNITED STATES POSTAGE  
PITNEY BOWES  
02 1P \$ 002.030  
0001923267 MAY 23 2014  
MAILED FROM ZIP CODE 57078



EK0614485285US

CUSTOMER USE ONLY  
FROM: (PLEASE PRINT)

PHONE ( )  
Person Fur Sr. 114 Pa. 14  
PO Box 55?  
Yankton, SD 57078

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED  
\*The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

No Saturday Delivery (delivered next business day)  
 Sunday/Holiday Delivery Required (additional fee, where available)  
\*Refer to [USPS.com](http://USPS.com) or local Post Office™ for availability.

TO: (PLEASE PRINT)

Office  
PO Box 77578  
Washington DC 20012-7578

For pickup or USPS Tracking™, visit [USPS.com](http://USPS.com) or call 800-222-1811.  
\$100.00 Insurance included.

275  
SCREENED BY THE SENATE POST OFFICE



USPS packaging products have been awarded Cradle to Cradle Certification for their ecologically-intelligent design. For more information go to [mbdc.com/usps](http://mbdc.com/usps)  
Cradle to Cradle Certified™ is a certification mark of MBDC.

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3-ADDRESSEE COPY

NANCY ERICKSON  
SECRETARY

DANA K. McCALLUM  
SUPERINTENDENT  
SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-71  
PHONE (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL **5-27-14** \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE
FEDERAL EXPRESS	_____
UPS	_____
DHL	_____
AIRBORNE EXPRESS	_____

NEXT BUSINESS DAY DELIVERY

- 
- 
- 
- 

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

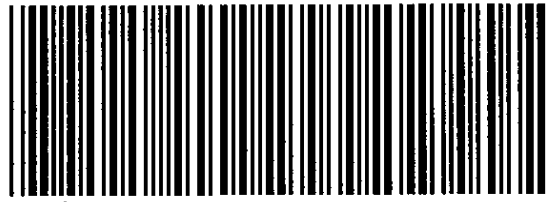
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

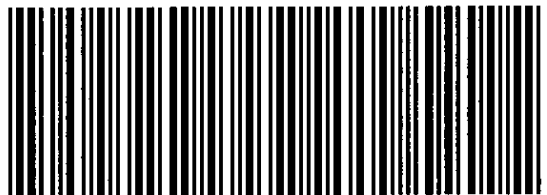
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **5-29-14**

14020403322



SEN PATCH



SEN PATCH

14020403323