

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 Jason Lewis for Congress

ADDRESS (number and street) P.O. Box 515 Cottage Grove MN 55016 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00589234 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT MN 02

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 08 / 09 / 2016 in the State of MN (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on / / in the State of

5. Covering Period 07 / 01 / 2016 through 07 / 20 / 2016

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 BRADLEY T CRATE

Signature of Treasurer BRADLEY T CRATE [Electronically Filed] Date 07 / 28 / 2016

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Jason Lewis for Congress

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))....	<input type="text" value="16846.00"/>	<input type="text" value="369127.73"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="1000.00"/>	<input type="text" value="10700.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="15846.00"/>	<input type="text" value="358427.73"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="33676.01"/>	<input type="text" value="251887.90"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="303.43"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="33676.01"/>	<input type="text" value="251584.47"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="106843.26"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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

Jason Lewis for Congress

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).....	10425.00	212668.97
(ii) Unitemized.....	6021.00	135533.76
(iii) TOTAL of contributions from individuals ▶	16446.00	348202.73
(b) Political Party Committees.....	0.00	1500.00
(c) Other Political Committees (such as PACs).....	400.00	18900.00
(d) The Candidate.....	0.00	525.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	16846.00	369127.73
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	303.43
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)..... ▶	16846.00	369431.16

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	33676.01	251887.90
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	4200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	6500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	10700.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	34676.01	262587.90

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	124673.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	16846.00
25. SUBTOTAL (add Line 23 and Line 24).....	141519.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	34676.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	106843.26

**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 23
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jason Lewis for Congress

A. Full Name (Last, First, Middle Initial)
PATRICK ALEXANDER

Mailing Address 16540 GRAYS BAY BLVD

City State Zip Code
WAYZATA MN 55391

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

Name of Employer Occupation
COLD SPRING GRANITE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2016

Transaction ID : SA11AI.11016

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NOEL COLLIS

Mailing Address 811 2ND ST SE
BOX 118

City State Zip Code
LITTLE FALLS MN 56345

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

Name of Employer Occupation
SELF-EMPLOYED MD

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2016

Transaction ID : SA11AI.10823

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JEANNE COTA

Mailing Address 8400 ASHTON AVE

City State Zip Code
INVER GROVE HEIGHTS MN 55077

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 08 / 2016

Transaction ID : SA11AI.10986

Amount of Each Receipt this Period
 200.00

Memo Item

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

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

2200.00

**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 23
	<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)
Jason Lewis for Congress

A. Full Name (Last, First, Middle Initial)
DENTAL SOUTH PA

Mailing Address **800 MARIE AVENUE**

City **SOUTH SAINT PAUL** State **MN** Zip Code **55075**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 19 / 2016

Transaction ID : SA11AI.10798

Amount of Each Receipt this Period
500.00

Memo Item
TO BE REFUNDED

B. Full Name (Last, First, Middle Initial)
JOHN F DIEDRICH

Mailing Address **689 WENTWORTH AVE
APARTMENT 201**

City **MENDOTA HEIGHTS** State **MN** Zip Code **55118**

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

Name of Employer Occupation
Battelle Energy Alliance Senior Control Systems Analyst

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11AI.10796

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ELIZABETH S DRISCOLL

Mailing Address **357 SALEM CHURCH RD**

City **SAINT PAUL** State **MN** Zip Code **55118**

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 19 / 2016

Transaction ID : SA11AI.10821

Amount of Each Receipt this Period
5000.00

Memo Item
EXCESS TO BE REATTRIBUTED OR REFUNDED

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

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

5525.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
	<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)
Jason Lewis for Congress

A. Full Name (Last, First, Middle Initial)
ELIZABETH S DRISCOLL

Mailing Address 357 SALEM CHURCH RD

City SAINT PAUL State MN Zip Code 55118

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 19 / 2016

Transaction ID : SA11AI.10821.0

Amount of Each Receipt this Period
 -2700.00

Memo Item
 REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
ELIZABETH S DRISCOLL

Mailing Address 357 SALEM CHURCH RD

City SAINT PAUL State MN Zip Code 55118

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 19 / 2016

Transaction ID : SA11AI.10821.1

Amount of Each Receipt this Period
 2700.00

Memo Item
 REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
HAROLD R FOTSCH

Mailing Address 2126 LAKE AUGUSTA DRIVE

City MENDOTA HEIGHTS State MN Zip Code 55120

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **290.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 19 / 2016

Transaction ID : SA11AI.10820

Amount of Each Receipt this Period
 200.00

Memo Item

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

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

200.00

**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 23
	<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)
Jason Lewis for Congress

A. Full Name (Last, First, Middle Initial)
TIM GALLAGHER

Mailing Address 31536 CANNON RIVER BLVD

City NORTHFIELD State MN Zip Code 55057

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

Name of Employer SMART-FILL MANAGEMENT GROUP Occupation PHARMACIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2016

Transaction ID : SA11AI.10941

Amount of Each Receipt this Period
 100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
DENA KING

Mailing Address 1040 SUMMERFIELD DRIVE

City NORTHFIELD State MN Zip Code 55057

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

Name of Employer SELF-EMPLOYED Occupation CIVIL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 05 / 2016

Transaction ID : SA11AI.10930

Amount of Each Receipt this Period
 25.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PAUL MARTIN

Mailing Address 46635 208TH ST.

City MORRIS State MN Zip Code 56267

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

Name of Employer WILLIE'S SUPERVALU Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11AI.10867

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

625.00

**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 23
	<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)
Jason Lewis for Congress

A. Full Name (Last, First, Middle Initial)
ROBERT MELLAS

Mailing Address 16905 XYLITE ST NE

City HAM LAKE State MN Zip Code 55304

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 19 / 2016

Transaction ID : SA11AI.10866

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
JAMES MIDTLING

Mailing Address 155 WABASHA ST S
STE 111

City SAINT PAUL State MN Zip Code 55107

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

Name of Employer MIDTLING MAXILLOFACIAL SURGERY Occupation SURGEON

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11AI.10878

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
GERALD OLSON

Mailing Address 30090 HAY CREEK TRAIL

City RED WING State MN Zip Code 55066

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : SA11AI.10793

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

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

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

_____ 400.00

**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 23
	<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)
Jason Lewis for Congress

A. Full Name (Last, First, Middle Initial)
TODD POTTER

Mailing Address 13000 SHERBURNE AV

City State Zip Code
BECKER MN 55308

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

Name of Employer Occupation
T J POTTER TRUCKING INC OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11Al.10826

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
RONALD B SIELOFF

Mailing Address 11681 AILERON CT

City State Zip Code
INVER GROVE MN 55077

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 19 / 2016

Transaction ID : SA11Al.10808

Amount of Each Receipt this Period
300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
STEPHEN SINNEN

Mailing Address 538 3RD AVE E

City State Zip Code
SHAKOPEE MN 55379

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

Name of Employer Occupation
SELF-EMPLOYED HOT AIR BALLOON PILOT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 19 / 2016

Transaction ID : SA11Al.10861

Amount of Each Receipt this Period
100.00

Memo Item

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

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

650.00

**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 11 OF 23
	<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)
Jason Lewis for Congress

A. Full Name (Last, First, Middle Initial)
CHARLES TEST

Mailing Address 2710 2ND AVE SOUTH

City State Zip Code
MINNEAPOLIS MN 55408

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : SA11AI.10886

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Linda Wiplinger

Mailing Address 9100 River Road

City State Zip Code
Inver Grove Heights MN 55076

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 11 / 2016

Transaction ID : SA11AI.11002

Amount of Each Receipt this Period
75.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MICHAEL YOST

Mailing Address 825 100TH AVE SE

City State Zip Code
MURDOCK MN 56271

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

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11AI.11020

Amount of Each Receipt this Period
250.00

Memo Item

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

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

825.00

10425.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 12 OF 23

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NAME OF COMMITTEE (In Full)
Jason Lewis for Congress

A. Full Name (Last, First, Middle Initial)
RICE COUNTY REPUBLICAN COMMITTEE

Mailing Address **PO BOX 22**

City **DUNDAS** State **MN** Zip Code **55019**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : SA11C.10778

Amount of Each Receipt this Period
400.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

400.00

400.00

**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 13 OF 23	
	<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)
Jason Lewis for Congress

Full Name (Last, First, Middle Initial) A. 339 GROUP, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016
Mailing Address 249 TILDEN WAY		Amount of Each Disbursement this Period 1000.00
City EDGEWATER	State MD	
Zip Code 21037	Purpose of Disbursement RESEARCH CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.10754
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. New Strategies, LLC D/B/A Just Win Strategies		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016
Mailing Address 3270 Las Palmas		Amount of Each Disbursement this Period 12000.00
City Houston	State TX	
Zip Code 77027	Purpose of Disbursement STRATEGY CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.10758
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. John Dwyer		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016
Mailing Address 4506 Burr Oak Lane		Amount of Each Disbursement this Period 1535.00
City Minnetonka	State MN	
Zip Code 55343	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.10750
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	14535.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 23			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20				

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NAME OF COMMITTEE (In Full)
Jason Lewis for Congress

Full Name (Last, First, Middle Initial) A. Google Inc.			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016		
Mailing Address 1600 Amphitheatre Pkwy			Amount of Each Disbursement this Period 35.00		
City Mountain View	State CA	Zip Code 94043	<input type="checkbox"/> Memo Item Transaction ID : SB17.10733		
Purpose of Disbursement SUBSCRIPTION SERVICES		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Holiday Stationstore			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016		
Mailing Address 4567 American Blvd West			Amount of Each Disbursement this Period 52.80		
City Bloomington	State MN	Zip Code 55437	<input type="checkbox"/> Memo Item Transaction ID : SB17.10731		
Purpose of Disbursement TRAVEL: FUEL		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Holiday Stationstore			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016		
Mailing Address 4567 American Blvd West			Amount of Each Disbursement this Period 51.99		
City Bloomington	State MN	Zip Code 55437	<input type="checkbox"/> Memo Item Transaction ID : SB17.10745		
Purpose of Disbursement TRAVEL: FUEL		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	139.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 23			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20d				

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NAME OF COMMITTEE (In Full)
Jason Lewis for Congress

Full Name (Last, First, Middle Initial) A. Majority Strategies		Date of Disbursement MM / DD / YYYY 07 / 13 / 2016
Mailing Address 12854 Kenan Drive, Suite 145		Amount of Each Disbursement this Period 3050.00
City Jacksonville	State FL Zip Code 32258	
Purpose of Disbursement PRINTING & DESIGN SERVICES		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.10752
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Pinnacle Direct		Date of Disbursement MM / DD / YYYY 07 / 13 / 2016
Mailing Address 15260 113th St North		Amount of Each Disbursement this Period 5354.62
City Stillwater	State MN Zip Code 55082-9575	
Purpose of Disbursement DIRECT MAIL: PRINTING & POSTAGE		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.10757
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Pinnacle Direct		Date of Disbursement MM / DD / YYYY 07 / 15 / 2016
Mailing Address 15260 113th St North		Amount of Each Disbursement this Period 4564.63
City Stillwater	State MN Zip Code 55082-9575	
Purpose of Disbursement DIRECT MAIL: PRINTING & POSTAGE		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.10761
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	12969.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 23			
	<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)
Jason Lewis for Congress

Full Name (Last, First, Middle Initial) A. SCREEN TECH		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016
Mailing Address 2272 3RD ST N SUITE A		Amount of Each Disbursement this Period 1392.63
City NORTH ST PAUL	State MN Zip Code 55109	
Purpose of Disbursement ADVERTISING: SIGNS	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.10738
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. SCREEN TECH		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2016
Mailing Address 2272 3RD ST N SUITE A		Amount of Each Disbursement this Period 117.84
City NORTH ST PAUL	State MN Zip Code 55109	
Purpose of Disbursement ADVERTISING: SIGNS	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.10742
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Kaley Taffe		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016
Mailing Address 16425 Grenoble Court		Amount of Each Disbursement this Period 748.70
City Lakeville	State MN Zip Code 55044	
Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.10751
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2259.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 23			
	<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)
Jason Lewis for Congress

A. Targeted Victory

Full Name (Last, First, Middle Initial)
Mailing Address 1033 North Fairfax Street
Suite 400

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 01 / 2016

Amount of Each Disbursement this Period
172.19

Memo Item

Transaction ID : SB17.10763

B. Targeted Victory

Full Name (Last, First, Middle Initial)
Mailing Address 1033 North Fairfax Street
Suite 400

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 05 / 2016

Amount of Each Disbursement this Period
359.30

Memo Item

Transaction ID : SB17.10764

c. Targeted Victory

Full Name (Last, First, Middle Initial)
Mailing Address 1033 North Fairfax Street
Suite 400

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 06 / 2016

Amount of Each Disbursement this Period
306.65

Memo Item

Transaction ID : SB17.10765

SUBTOTAL of Disbursements This Page (optional) 838.14

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 23	
	<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)
Jason Lewis for Congress

A. Targeted Victory

Full Name (Last, First, Middle Initial)
Mailing Address 1033 North Fairfax Street
Suite 400

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 07 / 2016

Amount of Each Disbursement this Period
6.40

Memo Item

Transaction ID : SB17.10766

B. Targeted Victory

Full Name (Last, First, Middle Initial)
Mailing Address 1033 North Fairfax Street
Suite 400

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 08 / 2016

Amount of Each Disbursement this Period
12.08

Memo Item

Transaction ID : SB17.10767

c. Targeted Victory

Full Name (Last, First, Middle Initial)
Mailing Address 1033 North Fairfax Street
Suite 400

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 11 / 2016

Amount of Each Disbursement this Period
23.47

Memo Item

Transaction ID : SB17.10768

SUBTOTAL of Disbursements This Page (optional)..... 41.95

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 23	
	<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)
Jason Lewis for Congress

Full Name (Last, First, Middle Initial) A. Targeted Victory		Date of Disbursement MM / DD / YYYY 07 / 12 / 2016
Mailing Address 1033 North Fairfax Street Suite 400		Amount of Each Disbursement this Period 21.31
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement MERCHANT FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.10769
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. Targeted Victory		Date of Disbursement MM / DD / YYYY 07 / 13 / 2016
Mailing Address 1033 North Fairfax Street Suite 400		Amount of Each Disbursement this Period 950.94
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement WEBSITE SERVICES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.10753
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Targeted Victory		Date of Disbursement MM / DD / YYYY 07 / 13 / 2016
Mailing Address 1033 North Fairfax Street Suite 400		Amount of Each Disbursement this Period 32.67
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement MERCHANT FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.10770
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1004.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 23	
	<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)
Jason Lewis for Congress

Full Name (Last, First, Middle Initial) A. Targeted Victory		Date of Disbursement MM / DD / YYYY 07 / 14 / 2016
Mailing Address 1033 North Fairfax Street Suite 400		Amount of Each Disbursement this Period 71.00
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement MERCHANT FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.10771
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. Targeted Victory		Date of Disbursement MM / DD / YYYY 07 / 15 / 2016
Mailing Address 1033 North Fairfax Street Suite 400		Amount of Each Disbursement this Period 35.50
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement MERCHANT FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.10772
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Targeted Victory		Date of Disbursement MM / DD / YYYY 07 / 18 / 2016
Mailing Address 1033 North Fairfax Street Suite 400		Amount of Each Disbursement this Period 5.68
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement MERCHANT FEE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.10773
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	112.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 23			
	<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)
Jason Lewis for Congress

Full Name (Last, First, Middle Initial) A. Targeted Victory			Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2016
Mailing Address 1033 North Fairfax Street Suite 400			Amount of Each Disbursement this Period 14.93
City Alexandria	State VA	Zip Code 22314	
Purpose of Disbursement MERCHANT FEE		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.10774
State: District:			

Full Name (Last, First, Middle Initial) B. Targeted Victory			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016
Mailing Address 1033 North Fairfax Street Suite 400			Amount of Each Disbursement this Period 22.74
City Alexandria	State VA	Zip Code 22314	
Purpose of Disbursement MERCHANT FEE		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.10775
State: District:			

Full Name (Last, First, Middle Initial) C. VICTORYSTORE.COM			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016
Mailing Address 5200 SW 30TH STREET			Amount of Each Disbursement this Period 261.58
City DAVENPORT	State IA	Zip Code 52802	
Purpose of Disbursement COLLATERAL: STICKERS		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.10737
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	299.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 23	
	<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)
Jason Lewis for Congress

Full Name (Last, First, Middle Initial) A. VISTAPRINT.COM		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016
Mailing Address 95 HAYDEN AVENUE		Amount of Each Disbursement this Period 428.94
City LEXINGTON	State MA Zip Code 02421	
Purpose of Disbursement OFFICE SUPPLIES [TAFFE: SB17.10751]		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.11025
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. VIVO KITCHEN		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2016
Mailing Address 15435 FOUNDERS LANE		Amount of Each Disbursement this Period 319.76
City APPLE VALLEY	State NE Zip Code 55124	
Purpose of Disbursement MEETING EXPENSE: MEALS [TAFFE: SB17.10751]		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.11022
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Wheatland Company, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016
Mailing Address 3245 Lake Avenue		Amount of Each Disbursement this Period 1000.00
City New Prague	State MN Zip Code 56071	
Purpose of Disbursement ACCOUNTING SERVICES		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.10756
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	33199.65

**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 23 OF 23	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jason Lewis for Congress

Full Name (Last, First, Middle Initial) A. U.S. Immigration Reform PAC		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2016
Mailing Address 2700 35th Place N.W.		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20007	<input type="checkbox"/> Memo Item	
Purpose of Disbursement CONTRIBUTION REFUND	Category/Type	Transaction ID : SB20C.10762
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00