

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC AFFAIRS

14 APR 22 PM 3:13

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 1 5 1 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 ▼

C 0-0-5-5-4-8-6-5

3. IS THIS REPORT NEW (N) OR AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
S D

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on M M / D D / Y Y Y Y in the State of

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

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

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period

M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 1 3 through 0 3 / 3 1 / 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

04 / 15 / 2014

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

JASON FOR SOUTH DAKOTA

Report Covering the Period: From:

12 / 15 / 2013

To:

03 / 31 / 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)) ...	3 1 2 7 8 0	0 0 0
(b) Total Contribution Refunds (from Line 20(d)) ..	0 0 0	0 0 0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	3 1 2 7 8 0	0 0 0
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	1 9 1 6 3 0 4	0 0 0
(b) Total Offsets to Operating Expenditures (from Line 14)...	0 0 0	0 0 0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	1 9 1 6 3 0 4	0 0 0
8. Cash on Hand at Close of Reporting Period (from Line 27)...	3 9 6 4 7 6	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ...	0 0 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..	2 0 0 0 0 0 0	

For further information contact:

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

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

14020331955

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

JASON FOR SOUTH DAKOTA

Report Covering the Period: From: 12 / 15 / 2013 To: 03 / 31 / 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)...	3 1 2 7 8 0	0 0 0
(ii) Unitemized	0 0 0	0 0 0
(iii) TOTAL of contributions from individuals .	3 1 2 7 8 0	0 0 0
(b) Political Party Committees...	0 0 0	0 0 0
(c) Other Political Committees (such as PACs) ..	0 0 0	0 0 0
(d) The Candidate	0 0 0	0 0 0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3 1 2 7 8 0	0 0 0
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0 0 0	0 0 0
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	2 0 0 0 0 0 0	0 0 0
(b) All Other Loans...	0 0 0	0 0 0
(c) TOTAL LOANS (add Lines 13(a) and (b))...	2 0 0 0 0 0 0	0 0 0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..	0 0 0	0 0 0
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0 0 0	0 0 0
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	2 3 1 2 7 8 0	0 0 0

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DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES...	1 9 1 6 3 0 4	0 0 0
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0 0 0	0 0 0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0 0 0	0 0 0
(b) Of All Other Loans	0 0 0	0 0 0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0 0 0	0 0 0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	0 0 0	0 0 0
(b) Political Party Committees...	0 0 0	0 0 0
(c) Other Political Committees (such as PACs) ...	0 0 0	0 0 0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0 0 0	0 0 0
21. OTHER DISBURSEMENTS ...	0 0 0	0 0 0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1 9 1 6 3 0 4	0 0 0

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	0 0 0
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	2 3 1 2 7 8 0
25. SUBTOTAL (add Line 23 and Line 24)...	2 3 1 2 7 8 0
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	1 9 1 6 3 0 4
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	3 9 6 4 7 6

14020331957

**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

Full Name (Last, First, Middle Initial) A. BORMANN, TYLER		Date of Receipt MM / DD / YYYY 02 / 15 / 2014
Mailing Address PO BOX 364		Amount of Each Receipt this Period 150.00
City FAULKTON	State Zip Code SD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer SELF	Occupation PHOTOGRAPHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 150.00	

Full Name (Last, First, Middle Initial) B. BYRUM RICHARD		Date of Receipt MM / DD / YYYY 02 / 17 / 2014
Mailing Address 1006 COTTONWOOD LANE		Amount of Each Receipt this Period 5.00
City REDFIELD	State Zip Code SD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5.00	

Full Name (Last, First, Middle Initial) C. CARTER, ANDREW		Date of Receipt MM / DD / YYYY 03 / 27 / 2014
Mailing Address 105 21st AVENUE SOUTH		Amount of Each Receipt this Period 75.00
City BROOKINGS	State Zip Code SD 57006	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer UNEMPLOYED	Occupation UNEMPLOYED	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 75.00	

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

14020331958

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE	OF
	(check only one)			
	<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"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JASON FOR SOUTH DAKOTA

Full Name (Last, First, Middle Initial) A. DEMOS PETER		Date of Receipt
Mailing Address 3507 THORWOOD COURT		<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City EAGAN	State MN	03 / 26 / 2014
Zip Code 55123	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period
Name of Employer US ARMY	Occupation PILOT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	4000.00

Full Name (Last, First, Middle Initial) B. DORSEY CAROLYN M.		Date of Receipt
Mailing Address 215 W. CHESTNUT		<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City HUBBARD	State IA	03 / 19 / 2014
Zip Code 50122	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period
Name of Employer SELF	Occupation WEEKLY NEWSPAPER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	5000

Full Name (Last, First, Middle Initial) C. FARLEY FOREST J.		Date of Receipt
Mailing Address PO BOX 965		<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City WAGNER	State SD	12 / 17 / 2013
Zip Code 57380	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period
Name of Employer RETIRED	Occupation SELF	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1776.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE		OF
	(check only one)	<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"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JASON FOR SOUTH DAKOTA

Full Name (Last, First, Middle Initial)
A. HANSON RAYMOND M.

Mailing Address
1220 STONEY POINTE CT

City **SIoux FALLS** State **SD** Zip Code **57106**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1 7 7 6 0

Date of Receipt
1 2 / 1 6 / 2 0 1 3

Amount of Each Receipt this Period
1 7 7 6 0

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

Mailing Address
3801 MATPISON AVENUE APT. A

City **FT. WORTH** State **TX** Zip Code **76107**

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

Name of Employer **CREWWISE COMPANY** Occupation **REGIONAL SALES MANAGER**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1 0 0 0 0

Date of Receipt
1 2 / 1 7 / 2 0 1 3

Amount of Each Receipt this Period
1 0 0 0 0

Full Name (Last, First, Middle Initial)
C. JUSSEL JOHN

Mailing Address
300 GOLF LANE

City **YANKTON** State **SD** Zip Code **57078**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2 5 0 0

Date of Receipt
0 1 / 1 5 / 2 0 1 4

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).....

14020331960

**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

Full Name (Last, First, Middle Initial) A. JUSSEL, SHONA		Date of Receipt MM / DD / YYYY 01 / 15 / 2014
Mailing Address 300 GOLF LANE		Amount of Each Receipt this Period 2,500.00
City YANKTON	State Zip Code SD 57078	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2,500.00
Name of Employer HY-VEE	Occupation PHARMACIST	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2,500.00	

Full Name (Last, First, Middle Initial) B. KRUSE WILLIAM		Date of Receipt MM / DD / YYYY 03 / 01 / 2014
Mailing Address 22513 JUNIPER RD		Amount of Each Receipt this Period 2,000.00
City UNDERWOOD	State Zip Code IA 51576	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2,000.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2,000.00	

Full Name (Last, First, Middle Initial) C. KRUSE BRIAN		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 14669 FOWLER AVENUE		Amount of Each Receipt this Period 500.00
City OMAHA	State Zip Code NE 68116	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BRAMANN MORTUARY	Occupation FUNERAL DIRECTOR	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

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

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**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"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JASON FOR SOUTH DAKOTA

Full Name (Last, First, Middle Initial)
A. MARTCHINSLE DUANE

Mailing Address
16654 357th AVENUE

City **FAULKTON** State **SD** Zip Code **57438**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For:
 Primary General
 Other (specify)

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

Date of Receipt
0 2 / 1 5 / 2 0 1 4

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

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

Mailing Address
19406 RAINWOOD RD

City **BENNINGTON** State **NE** Zip Code **68007**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1 0 0 . 0 0

Date of Receipt
0 3 / 0 1 / 2 0 1 4

Amount of Each Receipt this Period
1 0 0 . 0 0

Full Name (Last, First, Middle Initial)
C. ROBINSON RYAN

Mailing Address
4628 E. 6th STREET UNIT 4

City **SIOUX FALLS** State **SD** Zip Code **57110**

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

Name of Employer **SELF** Occupation **PHOTOGRAPHER**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
3 0 0 . 0 0

Date of Receipt
0 3 / 2 6 / 2 0 1 4

Amount of Each Receipt this Period
3 0 0 . 0 0

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

14020331962

**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

Full Name (Last, First, Middle Initial) A. RUPP BRIAN		Date of Receipt MM / DD / YYYY 12 / 17 / 2013
Mailing Address 46958 PRAIREVIEW DRIVE		Amount of Each Receipt this Period 10000
City BURBANK	State Zip Code SD 57010	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000
Name of Employer SE FARMERS COOP	Occupation AGRONOMY	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000	

Full Name (Last, First, Middle Initial) B. RUPP ERNIE		Date of Receipt MM / DD / YYYY 02 / 15 / 2014
Mailing Address 8320 N. BLUCKSBERG MOUNTAIN RD		Amount of Each Receipt this Period 10000
City STURGIS	State Zip Code SD 5	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000	

Full Name (Last, First, Middle Initial) C. RUPP KIM		Date of Receipt MM / DD / YYYY 02 / 15 / 2014
Mailing Address 8320 N. BLUCKSBERT MOUNTAIN RD		Amount of Each Receipt this Period 10000
City STURGIS	State Zip Code SD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000	

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

14020331963

**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

Full Name (Last, First, Middle Initial) A. SPECHT DAN		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 2011 ROBERTS STREET		Amount of Each Receipt this Period 177.60
City YANKTON	State Zip Code SD 57078	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 177.60
Name of Employer VISION REALTY	Occupation REALTOR	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 177.60	

Full Name (Last, First, Middle Initial) B. STEVENS ROBERT W.		Date of Receipt MM / DD / YYYY 03 / 21 / 2014
Mailing Address 11307 N. MADISON AVENUE		Amount of Each Receipt this Period 100.00
City KANSAS CITY	State Zip Code MO 64155	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer US ARMY	Occupation ASSISTANT PROFESSOR	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) C. WALLBAUM DAN		Date of Receipt MM / DD / YYYY 03 / 01 / 2014
Mailing Address 2911 W. 11th STREET		Amount of Each Receipt this Period 500.00
City YANKTON	State Zip Code SD 57078	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

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

14020331964

**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

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NAME OF COMMITTEE (In Full)
JASON FOR SOUTH DAKOTA

Full Name (Last, First, Middle Initial)
A. WORRELL VIRGINIA

Mailing Address
1910 VILLAGE CT LANE

City: **ROSENBERG** State: **TX** Zip Code: **77471**

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

Name of Employer: **UNITED AIRLINES** Occupation: **AGENT**

Receipt For:
 Primary
 General
 Other (specify)

Election Cycle-to-Date: **2000**

Date of Receipt: **02 / 22 / 2014**

Amount of Each Receipt this Period: **2000**

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

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

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

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)..... **312780**

14020331965

**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. BANK OF AMERICA VISA		Date of Disbursement MM / DD / YYYY 01 / 29 / 2014
Mailing Address PO BOX 15019		Amount of Each Disbursement this Period 487.34
City WILLMINGTON	State DE	
Zip Code 19886		Category/ Type
Purpose of Disbursement GAS - CREDIT CARD		
Candidate Name		
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)	
State: SD	District:	

Full Name (Last, First, Middle Initial) B. BANK OF AMERICA VISA		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address PO BOX 15019		Amount of Each Disbursement this Period 894.32
City WILLMINGTON	State DE	
Zip Code 19886		Category/ Type
Purpose of Disbursement GAS - CREDIT CARD		
Candidate Name		
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)	
State: SD	District:	

Full Name (Last, First, Middle Initial) C. BORRMAN TYLER		Date of Disbursement MM / DD / YYYY 02 / 15 / 2014
Mailing Address PO BOX 364		Amount of Each Disbursement this Period 150.00
City FAULKTON	State SD	
Zip Code 5		Category/ Type
Purpose of Disbursement PHOTOGRAPHY - IN KIND		
Candidate Name		
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)	
State: SD	District:	

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

14020331966

**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. CABELLAS

Mailing Address
PO BOX 82575

City **LINCOLN** State **NE** Zip Code **68501**

Purpose of Disbursement
GAS - CREDIT CARD

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **SD** District:

Date of Disbursement
MM / DD / YYYY
02 / 26 / 2014

Amount of Each Disbursement this Period
.....**114.02**.....

Full Name (Last, First, Middle Initial)

B. CHARLIE GRUSHOW

Mailing Address
1410 20th ST UNIT 15

City **WEST DES MOINES** State **IA** Zip Code **50265**

Purpose of Disbursement
CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **SD** District:

Date of Disbursement
MM / DD / YYYY
01 / 29 / 2014

Amount of Each Disbursement this Period
.....**800.00**.....

Full Name (Last, First, Middle Initial)

C. CITICARDS

Mailing Address
PO BOX 183071

City **COLUMBUS** State **OH** Zip Code **43218**

Purpose of Disbursement
GAS - LODGING - CREDIT CARD

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **SD** District:

Date of Disbursement
MM / DD / YYYY
01 / 08 / 2014

Amount of Each Disbursement this Period
.....**540.55**.....

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

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

14020331967

**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)		Date of Disbursement
A. CITICARDS		MM / DD / YYYY 02 / 10 / 2014
Mailing Address PO BOX 183071		Amount of Each Disbursement this Period
City COLUMBUS	State OH	
Purpose of Disbursement GAS - CREDIT CARD		Category/ Type
Candidate Name		
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: SD	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. CITICARDS		MM / DD / YYYY 02 / 14 / 2014
Mailing Address PO BOX 183071		Amount of Each Disbursement this Period
City COLUMBUS	State OH	
Purpose of Disbursement GAS - CREDIT CARD		Category/ Type
Candidate Name		
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: SD	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. CITICARDS		MM / DD / YYYY 03 / 10 / 2014
Mailing Address PO BOX 183071		Amount of Each Disbursement this Period
City COLUMBUS	State OH	
Purpose of Disbursement GAS - CREDIT CARD		Category/ Type
Candidate Name		
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: SD	District:	

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

14020331968

**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. DAKOTA CAMPAIGN STORE		Date of Disbursement MM / DD / YYYY 1.2 / 1.5 / 2013
Mailing Address 1610 17th AVENUE S		Amount of Each Disbursement this Period 7,500.00
City BROOKINGS	State SD	
Zip Code 57006		Category/ Type
Purpose of Disbursement ADVERTISING		
Candidate Name		
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)	
State: SD	District:	

Full Name (Last, First, Middle Initial) B. DISCOVER CARD		Date of Disbursement MM / DD / YYYY 01 / 22 / 2014
Mailing Address PO BOX 6103		Amount of Each Disbursement this Period 225.45
City CAROL STREAM	State IL	
Zip Code 60197		Category/ Type
Purpose of Disbursement GAS - CREDIT CARD		
Candidate Name		
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)	
State: SD	District:	

Full Name (Last, First, Middle Initial) C. DISCOVER CARD		Date of Disbursement MM / DD / YYYY 03 / 17 / 2014
Mailing Address PO BOX 6103		Amount of Each Disbursement this Period 529.1
City CAROL STREAM	State IL	
Zip Code 60197		Category/ Type
Purpose of Disbursement GAS		
Candidate Name		
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)	
State: SD	District:	

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

14020331969

**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. DISCOVER CARD

Mailing Address
PO BOX 6103

City **CAROL STREAM** State **IL** Zip Code **60197**

Purpose of Disbursement
GAS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **SD** District:

Date of Disbursement
MM / DD / YYYY
03 / 21 / 2014

Amount of Each Disbursement this Period
.....**161.19**.....

Category/Type

Full Name (Last, First, Middle Initial)

B. FIRST DAKOTA

Mailing Address
PO BOX 156

City **YANKTON** State **SD** Zip Code **57078**

Purpose of Disbursement
FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **SD** District:

Date of Disbursement
MM / DD / YYYY
01 / 31 / 2014

Amount of Each Disbursement this Period
.....**500**.....

Category/Type

Full Name (Last, First, Middle Initial)

C. FIRST DAKOTA

Mailing Address
PO BOX 156

City **YANKTON** State **SD** Zip Code **57078**

Purpose of Disbursement
FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **SD** District:

Date of Disbursement
MM / DD / YYYY
02 / 28 / 2014

Amount of Each Disbursement this Period
.....**500**.....

Category/Type

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

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

14020331970

**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

A. FIRST DAKOTA

Full Name (Last, First, Middle Initial)

Mailing Address
PO BOX 156

City YANKTON State SD Zip Code 57078

Purpose of Disbursement
FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: SD District:

Date of Disbursement
MM / DD / YYYY
03 / 31 / 2014

Amount of Each Disbursement this Period
\$ 5.00

B. GARRY JOHNSON

Full Name (Last, First, Middle Initial)

Mailing Address
PO BOX 428

City GRAY State GA Zip Code 31032

Purpose of Disbursement
CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: SD District:

Date of Disbursement
MM / DD / YYYY
03 / 10 / 2014

Amount of Each Disbursement this Period
\$ 500.00

C. HUGHES COUNTY GOP

Full Name (Last, First, Middle Initial)

Mailing Address
111 S. PIERRE STREET

City PIERRE State SD Zip Code 57501

Purpose of Disbursement
FOOD & ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: SD District:

Date of Disbursement
MM / DD / YYYY
03 / 21 / 2014

Amount of Each Disbursement this Period
\$ 165.00

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

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

14020331971

**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. ICAST INTERACTIVE

Mailing Address
2000 INDIAN HILLS DRIVE

City **SIoux CITY** State **IA** Zip Code **51106**

Purpose of Disbursement
WEBSITE - CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **SD** District:

Date of Disbursement
MM / DD / YYYY
1.2 / 3.1 / 2013

Amount of Each Disbursement this Period
\$ **4,000.00**

Full Name (Last, First, Middle Initial)

B. MEADE COUNTY GOP

Mailing Address
PO BOX 445

City **STURGIS** State **SD** Zip Code **57785**

Purpose of Disbursement
ADVERTISING - FOOD

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **SD** District:

Date of Disbursement
MM / DD / YYYY
0.3 / 2.8 / 2014

Amount of Each Disbursement this Period
\$ **750.00**

Full Name (Last, First, Middle Initial)

C. POLITICAL INNOVATIONS

Mailing Address
PO BOX 1902

City **SPRING** State **TX** Zip Code **77383**

Purpose of Disbursement
CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **SD** District:

Date of Disbursement
MM / DD / YYYY
0.2 / 2.6 / 2014

Amount of Each Disbursement this Period
\$ **7,500.00**

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

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

1402031972

**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. POLITICAL INNOVATIONS

Mailing Address
PO BOX 1902

City **SPRING** State **TX** Zip Code **77383**

Purpose of Disbursement
CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **SD** District:

Date of Disbursement
MM / DD / YYYY
02 / 26 / 2014

Amount of Each Disbursement this Period
15,000.00

Full Name (Last, First, Middle Initial)

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: **SD** District:

Date of Disbursement
MM / DD / YYYY
12 / 27 / 2013

Amount of Each Disbursement this Period
1,021.00

Full Name (Last, First, Middle Initial)

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: **SD** District:

Date of Disbursement
MM / DD / YYYY
12 / 30 / 2013

Amount of Each Disbursement this Period
1,150.00

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

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

14020331973

**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

A. Full Name (Last, First, Middle Initial) **PIRYX INC**

Date of Disbursement: **1 2 / 3 1 / 2 0 1 3**

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: **SD** District: _____

Amount of Each Disbursement this Period: **1 0 2 1**

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

Date of Disbursement: **0 3 / 0 5 / 2 0 1 4**

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: **SD** District: _____

Amount of Each Disbursement this Period: **1 1 5**

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

Date of Disbursement: **0 3 / 2 7 / 2 0 1 4**

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: **SD** District: _____

Amount of Each Disbursement this Period: **4 3 1**

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

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

14020331974

**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)

A. ROBINSON RYAN

Mailing Address
4628 E 6th STREET UNIT 4

City **SIOUX FALLS** State **SD** Zip Code **57110**

Purpose of Disbursement
PHOTOGRAPHY - IN KIND

Candidate Name

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

State: **SD** District:

Date of Disbursement

03 / 26 / 2014

Amount of Each Disbursement this Period

3,000.00

Full Name (Last, First, Middle Initial)

B. VISTA PRINT

Mailing Address
95 HAYDEN AVENUE

City **LEXINGTON** State **MA** Zip Code **02421**

Purpose of Disbursement
BUSINESS CARDS

Candidate Name

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

State: **SD** District:

Date of Disbursement

01 / 15 / 2014

Amount of Each Disbursement this Period

7,000.00

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

0.00

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

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

0.00

119,163.04

14020331975

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	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 209 FAIRWAY DRIVE	
City YANKTON State SD ZIP Code 57501	

Original Amount of Loan 20,000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20,000.00
---	---	---

TERMS

Date Incurred 1/15/2013	Date Due 3/1/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)...	200,000.00
TOTALS This Period (last page in this line only) ..	200,000.00

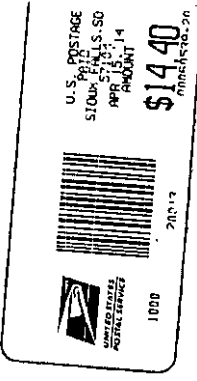
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020331976

14020331977

FROM:

JASON FOR SD
PO BOX 553
YANKTON, SD 57078



NW 4/19

TO:

Office of Public Records
PO BOX 77578
Washington DC 20013-
7578

SCREENED BY THE SENATE POST OFFICE



Utility Mailer 10 1/2" x 16"

Ready Post

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HARY SENATE OFFICE B1
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 **4/15/14**

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
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

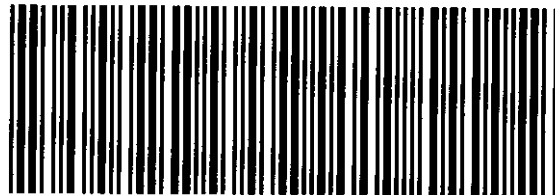
OTHER _____
Date of Receipt or Postmark

PREPARER **MN** DATE PREPARED **4/22/14**

14020331978



SEN PATCH



SEN PATCH

14020331979