

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
JON HOLLIS 4 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))....	662.00	162542.40
(b) Total Contribution Refunds (from Line 20(d))	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	662.00	162042.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4536.30	162332.21
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	450.37
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4536.30	161881.84
8. Cash on Hand at Close of Reporting Period (from Line 27).....	160.56	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1600.00	

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 05/2016)

Write or Type Committee Name

JON HOLLIS 4 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).....	50.00	30724.99
(ii) Unitemized.....	612.00	131617.41
(iii) TOTAL of contributions from individuals ▶	662.00	162342.40
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	200.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	662.00	162542.40
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	550.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	550.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	450.37
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)..... ▶	662.00	163542.77

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4536.30	162332.21
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	550.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	550.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4536.30	163382.21

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4034.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	662.00
25. SUBTOTAL (add Line 23 and Line 24).....	4696.86
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4536.30
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	160.56

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 18
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JON HOLLIS 4 CONGRESS

A. Full Name (Last, First, Middle Initial)
Ballantyne, Richard, , ,

Mailing Address 523 Island ct

City State Zip Code
Satellite Beach FL 32937

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

Name of Employer Occupation
Retired Retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 27 2020

Transaction ID : SA11AI.13119

Amount of Each Receipt this Period
50.00

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 / 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 / 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)..... ▶

50.00

50.00

**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 6 OF 18	
	<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)
JON HOLLIS 4 CONGRESS

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2020
Mailing Address 117 NORTH SAIT ASAPH STREET		FEC Identification Number C C00710129
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement Digital Consulting	Category/Type 001	
Candidate Name JON HOLLIS 4 CONGRESS		Amount of Each Disbursement this Period 123.65
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.12985
State: TX District: 32	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2020
Mailing Address 117 NORTH SAIT ASAPH STREET		FEC Identification Number C C00710129
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement Digital Consulting	Category/Type 001	
Candidate Name JON HOLLIS 4 CONGRESS		Amount of Each Disbursement this Period 28.61
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.13018
State: TX District: 32	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2020
Mailing Address 117 NORTH SAIT ASAPH STREET		FEC Identification Number C C00710129
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement Digital Consulting	Category/Type 001	
Candidate Name JON HOLLIS 4 CONGRESS		Amount of Each Disbursement this Period 44.52
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.13054
State: TX District: 32	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	196.78
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 7 OF 18			
	<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)
JON HOLLIS 4 CONGRESS

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2020
Mailing Address 117 NORTH SAIT ASAPH STREET		FEC Identification Number C C00710129
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement Digital Consulting	Category/Type 001	
Candidate Name JON HOLLIS 4 CONGRESS		Amount of Each Disbursement this Period 285.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.13112
State: TX District: 32	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2020
Mailing Address 1601 Willow Rd		FEC Identification Number C C00710129
City Menlo	State CA	Zip Code 94025
Purpose of Disbursement Web Ads	Category/Type 001	
Candidate Name JON HOLLIS 4 CONGRESS		Amount of Each Disbursement this Period 23.16
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.13011
State: TX District: 32	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. HOLLIS, JON, , ,		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2020
Mailing Address 5245 W SAN FERNANDO ROAD		FEC Identification Number C C00710129
City LOS ANGELES	State CA	Zip Code 90039
Purpose of Disbursement Salary	Category/Type 001	
Candidate Name JON HOLLIS 4 CONGRESS		Amount of Each Disbursement this Period 500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.13108
State: TX District: 32	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	808.16
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 8 OF 18	
	<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)
JON HOLLIS 4 CONGRESS

Full Name (Last, First, Middle Initial) A. Lyft		Date of Disbursement MM / DD / YYYY 01 / 08 / 2020
Mailing Address 2300 26th Street		FEC Identification Number C C00710129
City San Francisc	State CA	Zip Code 94017
Purpose of Disbursement Travel	Category/ Type 001	Amount of Each Disbursement this Period 8.93
Candidate Name JON HOLLIS 4 CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX	District: 32	Transaction ID : SB17.12983 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Lyft		Date of Disbursement MM / DD / YYYY 01 / 09 / 2020
Mailing Address 2300 26th Street		FEC Identification Number C C00710129
City San Francisc	State CA	Zip Code 94017
Purpose of Disbursement Travel	Category/ Type 001	Amount of Each Disbursement this Period 14.09
Candidate Name JON HOLLIS 4 CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX	District: 32	Transaction ID : SB17.12995 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Lyft		Date of Disbursement MM / DD / YYYY 01 / 10 / 2020
Mailing Address 2300 26th Street		FEC Identification Number C C00710129
City San Francisc	State CA	Zip Code 94017
Purpose of Disbursement Travel	Category/ Type 001	Amount of Each Disbursement this Period 6.06
Candidate Name JON HOLLIS 4 CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX	District: 32	Transaction ID : SB17.12999 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	29.08
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 9 OF 18	
	<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)
JON HOLLIS 4 CONGRESS

Full Name (Last, First, Middle Initial) A. Lyft			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2020	
Mailing Address 2300 26th Street			FEC Identification Number C C00710129	
City San Francisc	State CA	Zip Code 94017	Amount of Each Disbursement this Period 6.33	
Purpose of Disbursement Travel		Category/ Type 001	Transaction ID : SB17.13000	
Candidate Name JON HOLLIS 4 CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: TX District: 32				

Full Name (Last, First, Middle Initial) B. Lyft			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2020	
Mailing Address 2300 26th Street			FEC Identification Number C C00710129	
City San Francisc	State CA	Zip Code 94017	Amount of Each Disbursement this Period 6.59	
Purpose of Disbursement Travel		Category/ Type 001	Transaction ID : SB17.13005	
Candidate Name JON HOLLIS 4 CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: TX District: 32				

Full Name (Last, First, Middle Initial) c. Lyft			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2020	
Mailing Address 2300 26th Street			FEC Identification Number C C00710129	
City San Francisc	State CA	Zip Code 94017	Amount of Each Disbursement this Period 6.72	
Purpose of Disbursement Travel		Category/ Type 001	Transaction ID : SB17.13006	
Candidate Name JON HOLLIS 4 CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: TX District: 32				

SUBTOTAL of Disbursements This Page (optional).....▶	19.64
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 10 OF 18	
	<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)
JON HOLLIS 4 CONGRESS

Full Name (Last, First, Middle Initial) A. Lyft		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2020
Mailing Address 2300 26th Street		FEC Identification Number C C00710129
City San Francisc	State CA	Zip Code 94017
Purpose of Disbursement Travel	Category/ Type 001	Amount of Each Disbursement this Period 52.56
Candidate Name JON HOLLIS 4 CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX District: 32	Transaction ID : SB17.13022 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Lyft		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2020
Mailing Address 2300 26th Street		FEC Identification Number C C00710129
City San Francisc	State CA	Zip Code 94017
Purpose of Disbursement Travel	Category/ Type 001	Amount of Each Disbursement this Period 6.51
Candidate Name JON HOLLIS 4 CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX District: 32	Transaction ID : SB17.13023 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Lyft		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2020
Mailing Address 2300 26th Street		FEC Identification Number C C00710129
City San Francisc	State CA	Zip Code 94017
Purpose of Disbursement Travel	Category/ Type 001	Amount of Each Disbursement this Period 30.72
Candidate Name JON HOLLIS 4 CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX District: 32	Transaction ID : SB17.13024 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	89.79
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 11 OF 18	
	<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)
JON HOLLIS 4 CONGRESS

Full Name (Last, First, Middle Initial) A. Lyft		Date of Disbursement MM / DD / YYYY 01 / 16 / 2020
Mailing Address 2300 26th Street		FEC Identification Number C C00710129
City San Francisc	State CA	Zip Code 94017
Purpose of Disbursement Travel	Category/ Type 001	Amount of Each Disbursement this Period 6.38
Candidate Name JON HOLLIS 4 CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX District: 32	Transaction ID : SB17.13030 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Lyft		Date of Disbursement MM / DD / YYYY 01 / 16 / 2020
Mailing Address 2300 26th Street		FEC Identification Number C C00710129
City San Francisc	State CA	Zip Code 94017
Purpose of Disbursement Travel	Category/ Type 001	Amount of Each Disbursement this Period 16.95
Candidate Name JON HOLLIS 4 CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX District: 32	Transaction ID : SB17.13031 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Lyft		Date of Disbursement MM / DD / YYYY 01 / 17 / 2020
Mailing Address 2300 26th Street		FEC Identification Number C C00710129
City San Francisc	State CA	Zip Code 94017
Purpose of Disbursement Travel	Category/ Type 001	Amount of Each Disbursement this Period 6.88
Candidate Name JON HOLLIS 4 CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX District: 32	Transaction ID : SB17.13034 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	30.21
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 12 OF 18	
	<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)
JON HOLLIS 4 CONGRESS

Full Name (Last, First, Middle Initial) A. Lyft		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2020
Mailing Address 2300 26th Street		FEC Identification Number C C00710129
City San Francisc	State CA	Zip Code 94017
Purpose of Disbursement Travel	Category/ Type 001	Amount of Each Disbursement this Period 7.09
Candidate Name JON HOLLIS 4 CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX	District: 32	Transaction ID : SB17.13035 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Lyft		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2020
Mailing Address 2300 26th Street		FEC Identification Number C C00710129
City San Francisc	State CA	Zip Code 94017
Purpose of Disbursement Travel	Category/ Type 001	Amount of Each Disbursement this Period 16.22
Candidate Name JON HOLLIS 4 CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX	District: 32	Transaction ID : SB17.13036 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Lyft		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2020
Mailing Address 2300 26th Street		FEC Identification Number C C00710129
City San Francisc	State CA	Zip Code 94017
Purpose of Disbursement Travel	Category/ Type 001	Amount of Each Disbursement this Period 6.28
Candidate Name JON HOLLIS 4 CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX	District: 32	Transaction ID : SB17.13037 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	29.59
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 13 OF 18			
	<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)
JON HOLLIS 4 CONGRESS

Full Name (Last, First, Middle Initial) A. Lyft			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2020		
Mailing Address 2300 26th Street			FEC Identification Number C C00710129		
City San Francisc	State CA	Zip Code 94017	Amount of Each Disbursement this Period 6.63		
Purpose of Disbursement Travel		Category/ Type 001	Transaction ID : SB17.13038		
Candidate Name JON HOLLIS 4 CONGRESS		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: TX	District: 32				

Full Name (Last, First, Middle Initial) B. Lyft			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2020		
Mailing Address 2300 26th Street			FEC Identification Number C C00710129		
City San Francisc	State CA	Zip Code 94017	Amount of Each Disbursement this Period 8.05		
Purpose of Disbursement Travel		Category/ Type 001	Transaction ID : SB17.13039		
Candidate Name JON HOLLIS 4 CONGRESS		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: TX	District: 32				

Full Name (Last, First, Middle Initial) c. Lyft			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2020		
Mailing Address 2300 26th Street			FEC Identification Number C C00710129		
City San Francisc	State CA	Zip Code 94017	Amount of Each Disbursement this Period 8.19		
Purpose of Disbursement Travel		Category/ Type 001	Transaction ID : SB17.13040		
Candidate Name JON HOLLIS 4 CONGRESS		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: TX	District: 32				

SUBTOTAL of Disbursements This Page (optional).....▶	22.87
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 18			
	<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)
JON HOLLIS 4 CONGRESS

Full Name (Last, First, Middle Initial) A. Lyft		Date of Disbursement
Mailing Address 2300 26th Street		M M / D D / Y Y Y Y 01 / 23 / 2020
City San Francisc	State CA	Zip Code 94017
Purpose of Disbursement Travel	Category/ Type 001	
Candidate Name JON HOLLIS 4 CONGRESS		FEC Identification Number C C00710129
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 6.57
State: TX District: 32	Transaction ID : SB17.13069 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Lyft		Date of Disbursement
Mailing Address 2300 26th Street		M M / D D / Y Y Y Y 01 / 24 / 2020
City San Francisc	State CA	Zip Code 94017
Purpose of Disbursement Travel	Category/ Type 001	
Candidate Name JON HOLLIS 4 CONGRESS		FEC Identification Number C C00710129
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 6.84
State: TX District: 32	Transaction ID : SB17.13074 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Lyft		Date of Disbursement
Mailing Address 2300 26th Street		M M / D D / Y Y Y Y 01 / 28 / 2020
City San Francisc	State CA	Zip Code 94017
Purpose of Disbursement Travel	Category/ Type 001	
Candidate Name JON HOLLIS 4 CONGRESS		FEC Identification Number C C00710129
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 6.81
State: TX District: 32	Transaction ID : SB17.13091 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	20.22
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 18	
	<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)
JON HOLLIS 4 CONGRESS

Full Name (Last, First, Middle Initial) A. Lyft			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2020	
Mailing Address 2300 26th Street			FEC Identification Number C C00710129	
City San Francisc	State CA	Zip Code 94017	Amount of Each Disbursement this Period 6.63	
Purpose of Disbursement Travel		Category/ Type 001	Transaction ID : SB17.13092	
Candidate Name JON HOLLIS 4 CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: TX District: 32				

Full Name (Last, First, Middle Initial) B. Lyft			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2020	
Mailing Address 2300 26th Street			FEC Identification Number C C00710129	
City San Francisc	State CA	Zip Code 94017	Amount of Each Disbursement this Period 5.00	
Purpose of Disbursement Travel		Category/ Type 002	Transaction ID : SB17.13097	
Candidate Name JON HOLLIS 4 CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: TX District: 32				

Full Name (Last, First, Middle Initial) c. Lyft			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2020	
Mailing Address 2300 26th Street			FEC Identification Number C C00710129	
City San Francisc	State CA	Zip Code 94017	Amount of Each Disbursement this Period 6.50	
Purpose of Disbursement Travel		Category/ Type 001	Transaction ID : SB17.13098	
Candidate Name JON HOLLIS 4 CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: TX District: 32				

SUBTOTAL of Disbursements This Page (optional).....▶	18.13
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 18	
	<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)
JON HOLLIS 4 CONGRESS

Full Name (Last, First, Middle Initial) A. Lyft		Date of Disbursement MM / DD / YYYY 02 / 08 / 2020
Mailing Address 2300 26th Street		FEC Identification Number C C00710129
City San Francisc	State CA	Zip Code 94017
Purpose of Disbursement Travel	Category/ Type 001	Amount of Each Disbursement this Period 15.26
Candidate Name JON HOLLIS 4 CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX District: 32	Transaction ID : SB17.13111 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Lyft		Date of Disbursement MM / DD / YYYY 02 / 11 / 2020
Mailing Address 2300 26th Street		FEC Identification Number C C00710129
City San Francisc	State CA	Zip Code 94017
Purpose of Disbursement Travel	Category/ Type 001	Amount of Each Disbursement this Period 5.78
Candidate Name JON HOLLIS 4 CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX District: 32	Transaction ID : SB17.13122 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Pure Strategy Solutions		Date of Disbursement MM / DD / YYYY 01 / 08 / 2020
Mailing Address 2634 Wild Cherry Pl		FEC Identification Number C C00710129
City Reston	State VA	Zip Code 20191
Purpose of Disbursement Campaign Consulting	Category/ Type 001	Amount of Each Disbursement this Period 1500.00
Candidate Name JON HOLLIS 4 CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX District: 32	Transaction ID : SB17.12984 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1521.04
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 18	
	<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)
JON HOLLIS 4 CONGRESS

Full Name (Last, First, Middle Initial) A. Uncle Julio's		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2020
Mailing Address		FEC Identification Number C C00710129
City	State Zip Code	
Purpose of Disbursement Food and Beverage		Amount of Each Disbursement this Period 133.19
Candidate Name JON HOLLIS 4 CONGRESS		Transaction ID : SB17.12981
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 32	Category/Type 001	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	133.19
TOTAL This Period (last page this line number only).....▶	2918.70

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
JON HOLLIS 4 CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 9SEVEN CONSULTING			Nature of Debt (Purpose): Compliance Consulting
Mailing Address 499 SOUTH CAPITOL STREET SW #405			
City WASHINGTON	State DC	Zip Code 20003	

Outstanding Balance Beginning This Period 0.00		Transaction ID : SD10.13123	
Amount Incurred This Period 1600.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1600.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) SUBTOTALS This Period This Page (optional)	▶	1600.00
2) TOTALS This Period (last page this line number only)	▶	1600.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	1600.00