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## FEC FORM 2

## STATEMENT OF CANDIDACY

_	( ) N ( C ( F ) ( C ( F ))							
1.	(a) Name of Candidate (in full)							
	Lewis, Jason, Mark, Mr., (b) Address (number and street)	☐ Check if ac	ldroce char	and	2. Candidate's FEC Identification Number			
	3057 Arden Dr.	□ Check ii ac	idiess chai	igeu	H6MN02149			
	(c) City, State, and ZIP Code				3. Is This New Amend	ded		
	Woodbury		MN 5	55129	Statement (N) OR (A)			
4.	Party Affiliation	5. Office Sought		6. State & Dist	rict of Candidate			
	REPUBLICAN PARTY	House		MN	02			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following nar	ned political committee a	as my Princ	ipal Campaign Comn	nittee for the $\frac{2018}{\text{(year of election)}}$ election(s).			
	NOTE: This designation should be f	iled with the appropriate	office lister	d in the instructions.				
	(a) Name of Committee (in full)  JASON LEWIS FOF	CONGRESS,	INC.					
	(b) Address (number and street)							
	13800 NICOLLET BLVD.							
	PO BOX 3055							
	(c) City, State, and ZIP Code							
	BURNSVILLE			MN	55337			
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)  LEWIS VICTORY F	UND						
	(b) Address (number and street) 138 CONANT STREET							
	2ND FLOOR (c) City, State, and ZIP Code							
	•							
	BEVERLY			MA	01915			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.								
Si	gnature of Candidate				Date			
Le	ewis, Jason, Mark, Mr.,		L	Electronically Filed]	07/26/2018			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								
N	OTE: Submission of false, erroneous,	or incomplete information	on may sub	ject the person signir	ng this Statement to penalties of 2 U.S.C. §437g.			
NO	OTE: Submission of false, erroneous,	or incomplete information	on may sub	ject the person signir	ng this Statement to penalties of 2 U.S.C. §437g.			
NO	OTE: Submission of false, erroneous,	or incomplete information	on may sub	ject the person signir	ng this Statement to penalties of 2 U.S.C. §437g.			

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

Page \_\_\_2 **of** \_2\_\_\_

## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full) ENCOURAGING LEARNING AND SKILLS PAC						
	(b) Address (number and street) 1666 K STREET NW SUITE 500						
	(c) City, State, and ZIP Code						
	WASHINGTON	DC	20006				
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my						
	candidacy. NOTE: This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)  PROTECT THE HOUSE						
	PROTECT THE HOUSE						
	(b) Address (number and street) PO BOX 30844						
	(c) City, State, and ZIP Code						
	BETHESDA	MD	20824				
8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my randidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	MINNESOTA VICTORY FUND						
	(b) Address (number and street) PO BOX 26141						
	(c) City, State, and ZIP Code						
	ALEXANDRIA	VA	22313				
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	PATRIOT DAY IV 2018						
	(b) Address (number and street) PO BOX 9891						
	(c) City, State, and ZIP Code						
	ARLINGTON	VA	22219				