

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

Kristin Jacobs for Congress

ADDRESS (number and street)

2600 N.E. 14th Street Causeway

Check if different than previously reported. (ACC)

Pompano Beach

FL

33062

2. FEC IDENTIFICATION NUMBER ▼

C C00512368

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

FL

22

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 MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY
01 / 01 / 2013

through

MM / DD / YYYY
03 / 31 / 2013

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 Mr. Jacob C. Richter CPA

Signature of Treasurer Mr. Jacob C. Richter CPA

[Electronically Filed]

Date

MM / DD / YYYY
04 / 14 / 2013

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									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Kristin Jacobs 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))....	18800.00	18800.00
(b) Total Contribution Refunds (from Line 20(d))	8725.00	8725.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	10075.00	10075.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8385.44	8399.92
(b) Total Offsets to Operating Expenditures (from Line 14).....	1375.00	1514.82
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	7010.44	6885.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
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).....	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

Kristin Jacobs 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).....	17800.00	17800.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	17800.00	17800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	18800.00	18800.00
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.)	1375.00	1514.82
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)..... ▶	20175.00	20314.82

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8385.44	8399.92
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	6200.00	6200.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	6200.00	6200.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	8725.00	8725.00
(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)).....	8725.00	8725.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	23310.44	23324.92

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3135.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20175.00
25. SUBTOTAL (add Line 23 and Line 24).....	23310.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23310.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

**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 5 OF 21
	<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	

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)
Kristin Jacobs for Congress

A. Full Name (Last, First, Middle Initial)
Larry A. Calufetti

Mailing Address 3445 NE 12 Terrace

City Fort Lauderdale State FL Zip Code 33334

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

Name of Employer Sunshine Cleaning Systems Occupation President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2013

Transaction ID : C4824000

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Robert S. DeMartino

Mailing Address 9724 Lake High Drive

City Gotha State FL Zip Code 34734

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

Name of Employer Balfour Beatty Construction Occupation Division President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2013

Transaction ID : C4824025

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
William Richard Derrer

Mailing Address 5010 Quayside Terr

City Miami State FL Zip Code 33138

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

Name of Employer James A Cummings, Inc. Occupation President/CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2013

Transaction ID : C4824023

Amount of Each Receipt this Period
 1000.00

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

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

2500.00

**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 21
	<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)
Kristin Jacobs for Congress

A. Full Name (Last, First, Middle Initial)
Eduardo Ervesun

Mailing Address 4101 Ravenswood Rd. Suite 313

City Dania Beach	State FL	Zip Code 33312
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FEC ID number of contributing federal political committee. **C**

Name of Employer Master ConcessionAir, LLC	Occupation Businessman
---	---------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2013

Transaction ID : C4824013

Amount of Each Receipt this Period
1000.00

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

Mailing Address 7586 Worrall Rd

City Lake Worth	State FL	Zip Code 33463
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FEC ID number of contributing federal political committee. **C**

Name of Employer Fuel Facility Management Inc.	Occupation President
---	-------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2013

Transaction ID : C4824019

Amount of Each Receipt this Period
250.00

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

Mailing Address 8725 Roswell Rd Suite 179

City Atlanta	State GA	Zip Code 30350
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FEC ID number of contributing federal political committee. **C**

Name of Employer Advanced Booting Services, Inc	Occupation President
--	-------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2013

Transaction ID : C4824003

Amount of Each Receipt this Period
2000.00

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

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

3250.00

**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 21
	<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)
Kristin Jacobs for Congress

A. Full Name (Last, First, Middle Initial)
Louis M. Jacobs

Mailing Address c/o Luann Zureck
40 Fountain Plaza

City Buffalo State NY Zip Code 14202

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

Name of Employer Delaware North Companies Inc. Occupation Executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 25 / 2013

Transaction ID : C4824039

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1 Panther Pkwy
BB&T Center

City Sunrise State FL Zip Code 33323-5315

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

Name of Employer Self Employed Occupation Executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 29 / 2013

Transaction ID : C6009862

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
Jeannine L. McIntosh

Mailing Address P O Box 292037

City Davie State FL Zip Code 33329

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

Name of Employer None Occupation Student

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 21 / 2013

Transaction ID : C4824006

Amount of Each Receipt this Period
 2500.00

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

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

5000.00

**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 21
	<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)
Kristin Jacobs for Congress

A. Full Name (Last, First, Middle Initial)
John M Milledge

Mailing Address 200 SW 1st. Ave, Suite 800

City Ft. Lauderdale State FL Zip Code 33031

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

Name of Employer John Milledge P.A. Occupation Law

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2013

Transaction ID : C4823997

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Michael L. Moore

Mailing Address 9139 NW 41st MNR.

City Coral Springs State FL Zip Code 33065

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

Name of Employer Fleming Gannett, Inc Occupation Branch Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2013

Transaction ID : C4824004

Amount of Each Receipt this Period
 300.00

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

Mailing Address 800 Riviera Isle

City Fort Lauderdale State FL Zip Code 33301

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

Name of Employer Not employed Occupation Housewife

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2013

Transaction ID : C4824010

Amount of Each Receipt this Period
 1000.00

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

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

2300.00

**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 21
	<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)
Kristin Jacobs for Congress

A. Full Name (Last, First, Middle Initial)
Anne F. Platt

Mailing Address 1771 SE 9th St.

City State Zip Code
Fort Lauderdale FL 33316

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

Name of Employer Occupation
Not employed Retired Housewife

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2013

Transaction ID : C4823999

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Benjamin Frank Glenn Pollara

Mailing Address 49 Majorca Avenue #202

City State Zip Code
Coral Gables FL 33134

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

Name of Employer Occupation
LSN Partners Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2013

Transaction ID : C7931656

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Alan J. Pramuk

Mailing Address 2325 Lakeview Parkway Suite 400

City State Zip Code
Alpharetta GA 30009

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

Name of Employer Occupation
Gresham Smith and Partners Executive Vice President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2013

Transaction ID : C4824017

Amount of Each Receipt this Period
250.00

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

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

1000.00

**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 21
	<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)
Kristin Jacobs for Congress

A. Full Name (Last, First, Middle Initial)
Jack Ricchiuto

Mailing Address 10354 Merriam Lane

City State Zip Code
Twinsburg OH 44087

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

Name of Employer Occupation
Standard Parking Executive Vice President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2013

Transaction ID : C4824009

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Jacob P. Wohlegemuth

Mailing Address 135 Highgrove Drive

City State Zip Code
Fayetteville GA 30215

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

Name of Employer Occupation
Gresham Smith & Partners Principal Aviation Services

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2013

Transaction ID : C4824024

Amount of Each Receipt this Period
750.00

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

Mailing Address 1800 SW 3rd St

City State Zip Code
Pompano Beach FL 33069

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

Name of Employer Occupation
Isle Casino Racing General Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2013

Transaction ID : C6008551

Amount of Each Receipt this Period
500.00

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

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

2250.00

**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 21
	<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)
Kristin Jacobs for Congress

A. Full Name (Last, First, Middle Initial)
Dana J. Yormark

Mailing Address **One Panther Parkway**

City **Sunrise** State **FL** Zip Code **33323**

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

Name of Employer **Not Employed** Occupation **Housewife**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 21 / 2013

Transaction ID : C4824007

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dana J. Yormark

Mailing Address **One Panther Parkway**

City **Sunrise** State **FL** Zip Code **33323**

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

Name of Employer **Not Employed** Occupation **Housewife**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 29 / 2013

Transaction ID : C6009714

Amount of Each Receipt this Period
500.00

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

Amount of Each Receipt this Period

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

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

1500.00

17800.00

**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 12 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristin Jacobs for Congress

A. Full Name (Last, First, Middle Initial)
Professional Service Industires, Inc.PAC

Mailing Address 2350 Kerner Blvd.
Suite 250

City San Rafael State CA Zip Code 94901

FEC ID number of contributing federal political committee. **C** C00498527

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2013

Transaction ID : C6008552

Amount of Each Receipt this Period
 1000.00

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

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

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

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

1000.00

1000.00

**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 13 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kristin Jacobs for Congress

A. Full Name (Last, First, Middle Initial)
Trieste Real Estate Corp.

Mailing Address 351 S. Cypress Road
Suite 318

City Pompano Beach State FL Zip Code 33060

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2013

Transaction ID : C4823996

Amount of Each Receipt this Period
 1375.00

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

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

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

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

1375.00

1375.00

**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 14 OF 21			
	<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)
Kristin Jacobs for Congress

Full Name (Last, First, Middle Initial) A. Hinkle, Richter & Rhine, LLP		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2013
Mailing Address 2600 NE 14th Street Causeway		Amount of Each Disbursement this Period 3196.03 Transaction ID : D526688
City Pompano Beach State FL Zip Code 33062	Purpose of Disbursement Accounting Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NGP Van, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2013
Mailing Address 1101 15th Street, NW Suite 500		Amount of Each Disbursement this Period 2250.00 Transaction ID : D525250
City Washington State DC Zip Code 20005	Purpose of Disbursement Debt Payment Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. NGP Van, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2013
Mailing Address 1101 15th Street, NW Suite 500		Amount of Each Disbursement this Period 150.00 Transaction ID : D525251
City Washington State DC Zip Code 20005	Purpose of Disbursement Debt Payment Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5596.03
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 21			
	<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)
Kristin Jacobs for Congress

Full Name (Last, First, Middle Initial) A. NGP Van, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2013
Mailing Address 1101 15th Street, NW Suite 500		Amount of Each Disbursement this Period 1150.00 Transaction ID : D525252
City Washington State DC Zip Code 20005	Purpose of Disbursement Debt Payment 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NGP Van, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2013
Mailing Address 1101 15th Street, NW Suite 500		Amount of Each Disbursement this Period 500.00 Transaction ID : D516656
City Washington State DC Zip Code 20005	Purpose of Disbursement Reactivate Account 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2013
Mailing Address Internal Revenue Service P O Box 105083		Amount of Each Disbursement this Period 367.20 Transaction ID : D516654
City Atlanta State GA Zip Code 30348-5083	Purpose of Disbursement 2012 Form 940 Taxes 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2017.20
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 21	
	<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)
Kristin Jacobs for Congress

Full Name (Last, First, Middle Initial) A. Ms. Kristin Jacobs		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2013
Mailing Address 651 NE 5th Street		Amount of Each Disbursement this Period 716.21 Transaction ID : D524997
City Pompano Beach State FL Zip Code 33060	Purpose of Disbursement Fundraiser Expenses to Pay Debt Category/Type 003	
Candidate Name Ms. Kristin Jacobs	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 22		

Full Name (Last, First, Middle Initial) B. Costco Wholesale		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2013
Mailing Address 1800 W. Sample Road		Amount of Each Disbursement this Period 531.05 Transaction ID : D525117 [MEMO ITEM]
City Pompano Beach State FL Zip Code 33064	Purpose of Disbursement Food and Beverage for Fundraiser Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" 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	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).....	716.21
TOTAL This Period (last page this line number only).....	8329.44

**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 21	
	<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)
Kristin Jacobs for Congress

Full Name (Last, First, Middle Initial) A. Ms. Kristin Jacobs		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2013
Mailing Address 651 NE 5th Street		Amount of Each Disbursement this Period 6200.00 Transaction ID : D524996
City Pompano Beach State FL Zip Code 33060	Purpose of Disbursement Loan Repayment to Candidate Category/Type 009	
Candidate Name Ms. Kristin Jacobs	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 22		

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	
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	
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).....	6200.00
TOTAL This Period (last page this line number only).....	6200.00

**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 18 OF 21			
	<input type="checkbox"/> 17 <input checked="" 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)
Kristin Jacobs for Congress

Full Name (Last, First, Middle Initial) A. Mr Donald Auria		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2013
Mailing Address 1069 SW Scrub Oak Avenue		Amount of Each Disbursement this Period 2500.00 Transaction ID : D524987
City Palm City	State FL	
Purpose of Disbursement Refund of Contribution	Category/ Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. John A Conti		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2013
Mailing Address 717 Solar Isle Drive		Amount of Each Disbursement this Period 2500.00 Transaction ID : D524988
City Ft Lauderdale	State FL	
Purpose of Disbursement Refund of excess contribution	Category/ Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Michael Jacob		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2013
Mailing Address 8725 Roswell Rd Suite 179		Amount of Each Disbursement this Period 1000.00 Transaction ID : D524983
City Atlanta	State GA	
Purpose of Disbursement Refund of excess contribution	Category/ Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6000.00
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 19 OF 21			
	<input type="checkbox"/> 17 <input checked="" 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)
Kristin Jacobs for Congress

Full Name (Last, First, Middle Initial) A. Mr Salvador Lavalle		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2013
Mailing Address 1200 Brickell Avenue Suite 1950		Amount of Each Disbursement this Period 2500.00 Transaction ID : D524738
City Miami State FL Zip Code 33131	Purpose of Disbursement Refund of General Contribution Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mrs. Una Murphy		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2013
Mailing Address 800 Riviera Isle		Amount of Each Disbursement this Period 225.00 Transaction ID : D524984
City Fort Lauderdale State FL Zip Code 33301	Purpose of Disbursement Refund of excess contribution Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" 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	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).....	2725.00
TOTAL This Period (last page this line number only).....	8725.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L632

Kristin Jacobs for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Ms. Kristin Jacobs PERS FUNDS

Primary

General

Other (specify) ▼

Mailing Address
651 NE 5th Street

City State ZIP Code
Pompano Beach FL 33060

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
6200.00 6200.00 0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

16

2012

no due date

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 0.00

TOTALS This Period (last page in this line only)..... 0.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 21
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Kristin Jacobs for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NGP Van, Inc.	Nature of Debt (Purpose): Operations Accounts Payable
Mailing Address 1101 15th Street, NW Suite 500	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period 2250.00	Transaction ID : D480151	
Amount Incurred This Period 0.00	Payment This Period 2250.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NGP Van, Inc.	Nature of Debt (Purpose): Operation Accounts Payable
Mailing Address 1101 15th Street, NW Suite 500	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period 150.00	Transaction ID : D480155	
Amount Incurred This Period 0.00	Payment This Period 150.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NGP Van, Inc.	Nature of Debt (Purpose): Accounts Payable for Services Rendered
Mailing Address 1101 15th Street, NW Suite 500	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period 1150.00	Transaction ID : D516601	
Amount Incurred This Period 0.00	Payment This Period 1150.00	Outstanding Balance at Close of This Period 0.00

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