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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation *

Entity Type of Filer

-Select- Jacobson4 President 2016 *

Name of Filer

Organization Name JACOBSON4PRESIDENT 2016

-or-

Last Name Jacobson First Name Stewart

Middle Name David Prefix Mr. Suffix

(b) Address (number and street)* check if different than previously reported

8870 HAMILTON ST

(c) City RANCHO CUCA MONG State* California Zip Code 91701

RECEIVED
2013 APR 16 AM 9:11
FEC MAIL CENTER

2. Corporate filers only

Is the filer a qualified nonprofit corporation? Yes No

Individual filers only

Name of Employer Occupation

3. FEC Identification Number C 00526475

4. TYPE OF REPORT (Check appropriate report type)

Report Type:*

-Select-

Is this report an amendment? Yes No

If report is an amendment, please provide the Report ID of the original report and Amendment Number of this amendment in the boxes given below. Click the "Report ID Lookup" link below to find the Report ID for original report.*

[Report ID Lookup](#)

Original Report ID FEC- Dec 2012 - 4-9-13 Amendment Number (e.g. 1, 2, 3...etc.)

5. Covering Period (mm/dd/yyyy) through (mm/dd/yyyy)

6. TOTAL CONTRIBUTIONS \$ 0.00

7. TOTAL INDEPENDENT EXPENDITURES \$ 0.00

SCHEDULE 5-A

Add Schedule 5-A

13031060074

ITEMIZED RECEIPTS

TOTAL This Period
(last page carry total to Line 6)

\$ 0.00

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

[Add Schedule 5-E](#)

TOTAL Independent Expenditures
(last page carry total to Line 7)

\$ 0.00

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Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM*

DATE *

Last Name Jacobson First Name Steven
Middle Name David Prefix Mr Suffix _____

04/09/2013 (mm/dd/yyyy)

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

13031060075

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FEC Form 5 (Rev. 09/2005)

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463
Toll Free 800-424-9530, Local 202-694-1100

Check for Validation Errors

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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USPS Priority Mail Postmarked
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No Postmark

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Next Business Day Delivery

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Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

[Signature]

PREPARER

(3/2005)

4/16/13

DATE PREPARED

13031060076