FEC FORM

STATEMENT OF ORGANIZATION

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| FORM 1 | | ORGANIZATION | | | EULE ONILLI THE TO | | |
|---------------------------------------|--------------|----------------------------|-----------------------------------|--|--------------------|--------------------|--|
| | | | | | F EGG MAA | CENTER | |
| 1. NAME OF COMMITTEE (in | n full) | (Check if name is changed) | Example: If typin over the lines. | | E4M5 | | |
| Nancy Jac | obs for (| Congress | | 11111 | | | |
| ADDRESS (number a | nd street) | Veyrich Cro | nin and Sor | ra, 139 N | Main Stree | et, 201 | |
| (Check if address is changed) | | Bel Air | | MI | MD 21014 | | |
| | | | CITY | STATE | ZIP | CODE | |
| COMMITTEE'S E-MA (Check if is change | address | | e e-mail address) | congress | .çom , , , , , | | |
| COMMITTEE'S WEB (Check if is change | address | | sforcongres: | s.com | | | |
| 2. DATE 01 | (3.1) | 2012 | | | • . | | |
| 3. FEC IDENTIFIC | CATION NUMBI | ER C | | | | | |
| 4. IS THIS STATE | MENT 🔀 | NEW (N) OR | AMENI | DED (A) | | | |
| Type or Print Name | of Treasurer | Lesley Lool | est of my knowledge a | CPA Date | <u>81</u> '64 | <u> </u> | |
| NOTE: Submission of | | • | on may subject the pers | | • | JI 2 U.S.U. 943/G. | |
| Office Use Only | | | | nformation contact: on Commission 424-9530 | FEC F | ORM 1 02/2009) | |

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|-----------------------------------|--------------------|--|--------------------------------|--|--|--|--|
| TYPE | OF C | COMMITTEE | | | | | |
| Can | didate | e Committee: | | | | | |
| (a) | \times | This committee is a principal campaign committee. (Complete the candidate information below.) | | | | | |
| (b) | | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete t information below.) | he candidate | | | | |
| Name Candi | | | 1 1 1 1 | | | | |
| Candi Party | idale Affiliati | tion Sought: House Senate President | ate | | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | |
| Name Candi | | | | | | | |
| Part | y Con | mmittee: | - Addition | | | | |
| (d) | | (National, State (Demo | cratic, lican, etc.) Party. | | | | |
| Polit | ical A | Action Committee (PAC): | | | | | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | l organization is a | | | | |
| (0) | ш | | _ | | | | |
| | | Corporation Corporation w/o Capital Stock Labo | or Organization | | | | |
| | | Membership Organization Trade Association Coop | perative | | | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee) | ed fund or party | | | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | | |
| Joint Fundraising Representative: | | | | | | | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or modern committees/organizations, at least one of which is an authorized committee of a federal candidate. | ore political | | | | |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, none of which is an authorized committee of a federal candidate. | ore political | | | | |
| | Com | nmittees Participating in Joint Fundraiser | | | | | |
| | 1. | FEC ID number | <u> </u> | | | | |
| | 2. | FEC ID number C | | | | | |
| | 3. | FEC ID number | | | | | |
| | 4. | | | | | | |

| Write or Type Committee Name | | | | | | |
|--|---|--|--|--|--|--|
| Nancy Jacobs for Congress | | | | | | |
| 6. Name of Any Connected | Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor | | | | | |
| | | | | | | |
| | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | CITY STATE ZIP CODE | | | | | |
| Relationship: Connect | ed Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor | | | | | |
| Custodian of Records: Ide books and records. | entify by name, address (phone number optional) and position of the person in possession of committee | | | | | |
| Full Name Share | on Taylor | | | | | |
| Mailing Address | Weyrich Cronin and Sorra, 139 N Main Street, 201 | | | | | |
| | | | | | | |
| | Bel Air MD 21014 | | | | | |
| Title or Position | CITY STATE ZIP CODE | | | | | |
| Bookkeeper | Telephone number 410 [879 [2237] | | | | | |
| 3. Treasurer: List the name a any designated agent (e.g., | nd address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer). | | | | | |
| Full Name Lesle | y Lookingbill | | | | | |
| Mailing Address | Weyrich Cronin and Sorra, 139 N Main St, 201 | | | | | |
| | | | | | | |
| | Bel Air MD 21014 - ZIP CODE | | | | | |
| Title or Position Treasurer | Telephone number [410,] - [879,] - [2237,] | | | | | |

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|--|--------------------------------|--|-------------------|-------------|---------------|---|
| | | | | | | |
| Full Name of Designated Agent | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | 11111 |
| | | CITY | | STATE | | ZIP CODE |
| Title or Position | | J | Telephone nun | | ــا-لـــ | |
| Ranke or Other | | | | ee denocite | funds holds | accounts, rents |
| safety deposit bo | exes or maint | | which the committ | ee deposits | idiao, riolao | , |
| safety deposit bo | exes or maint | ains funds. | which the committ | ee deposits | | |
| safety deposit bo | oxes or maint Depository, e | ains funds. | which the committ | L L L | | |
| safety deposit bo Name of Bank, [| oxes or maint Depository, e | ains funds. c. ank | which the committ | - I I I | | |
| safety deposit bo Name of Bank, [| oxes or maint Depository, e | ains funds. c. ank | which the committ | MD | [21014 | |
| safety deposit bo Name of Bank, [| oxes or maint Depository, e | ank 1140 N Main Street | which the committ | | 21014 | ZIP CODE |
| safety deposit bo Name of Bank, [| PNC B | ank inds. ank in Street in Indian Stree | which the committ | MPJ | 21014 | |
| safety deposit bo Name of Bank, [| PNC B | ank inds. ank in Street in Indian Stree | which the committ | MPJ | 21014 | |
| safety deposit bo Name of Bank, [| PNC B | ank inds. ank in Street in Indian Stree | which the committ | MD STATE | 21014 | |
| Safety deposit bo Name of Bank, [Mailing Address Name of Bank, [| PNC B | ank 140 N Main Street 140 N Ma | which the committ | MD STATE | 21014 | ZIP CODE |
| safety deposit bo Name of Bank, [Mailing Address Name of Bank, [| PNC B | ank 140 N Main Street 140 N Ma | which the committ | MD STATE | 21014 | ZIP CODE |

| Federal Election Commis ENVELOPE REPLACEMENT PAGE FOR INC The FEC added this page to the end of this filing to | COMING DOCUMENTS |
|--|-------------------------------|
| Hand Delivered | Date of Receipt |
| USPS First Class Mail | Postmarked |
| USPS Registered/Certified | Postmarked (R/C) |
| USPS Priority Mail | Postmarked |
| Delivery Confirmation [™] or Signatu | re Confirmation™ Label |
| USPS Express Mail | Postmarked |
| Postmark Illegible | |
| No Postmark | |
| Overnight Delivery Service (Specify): | Shipping Date |
| Next | Business Day Delivery |
| Received from House Records & Registration Off | Date of Receipt lice |
| Received from Senate Public Records Office | Date of Receipt |
| Received from Electronic Filing Office | Date of Receipt |
| Other (Specify): | Date of Receipt or Postmarked |
| Jun | 1/11/12 |
| PREPARER (3/2005) | DATE PREPARED |
| · · | , |