

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED

2013 FEB 6 AM 9:38

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12 FE 4 FEC MAIL CENTER**

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 00512368**

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

CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

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 / / in the State of

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

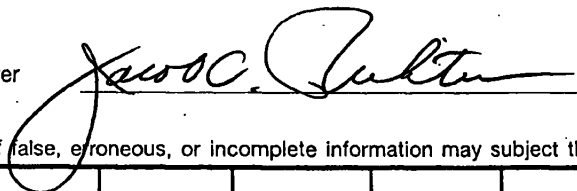
General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period **10 / 01 / 2012** through **12 / 31 / 2012**

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 **Jacob C. Richter**

Signature of Treasurer  Date **21 / 31 / 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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FEC FORM 3
(Revised 02/2003)

13031034311

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Kristin Jacobs for Congress

Report Covering the Period: From:

M	M
10	

 /

D	D
01	

 /

Y	Y	Y	Y
2012			

 To:

M	M
12	

 /

D	D
31	

 /

Y	Y	Y	Y
2012			

13031034312

	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))	75.00	484,664.21
(b) Total Contribution Refunds (from Line 20(d))		20,100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	75.00	464,564.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	687.14	467,768.59
(b) Total Offsets to Operating Expenditures (from Line 14)	139.82	139.82
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	547.32	467,628.77
8. Cash on Hand at Close of Reporting Period (from Line 27)		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	9,750.00	

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)

Page 3

Write or Type Committee Name

Kristin Jacobs for Congress

Report Covering the Period: From:

M	M	/	D	D	/	Y	Y	Y	Y
10	01	/			/	2012			

 To:

M	M	/	D	D	/	Y	Y	Y	Y
12	31	/			/	2012			

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).....
 - (ii) Unitemized.....
 - (iii) TOTAL of contributions from individuals ▶
- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) The Candidate.....
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

75.00
00
75.00
00
00
0
75.00

396,739.09
39,525.12
436,264.21
00
45,900.00
2,500.00
484,664.21

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

00

00

13. LOANS:

- (a) Made or Guaranteed by the Candidate.....
- (b) All Other Loans.....
- (c) TOTAL LOANS (add Lines 13(a) and (b)).....

00
00
00

6,200.00
00
6,200.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

139.82

139.82

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

00

00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

214.82

491,004.03

13031034313

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	687.14	467,768.59
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans.....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	.00	20,100.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	.00	20,100.00
21. OTHER DISBURSEMENTS.....		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	687.14	487,868.59

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3,607.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	214.82
25. SUBTOTAL (add Line 23 and Line 24).....	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	687.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3,135.44

13031034314

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial) A. Rothstein, Richard		Date of Receipt MM / DD / YYYY 10 / 01 / 2012
Mailing Address 8415 Whispering Woods Court		Amount of Each Receipt this Period 50.00
City Lakewood Ranch	State Zip Code FL 34202-2276	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation None	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

Full Name (Last, First, Middle Initial) B. Powell, Barbara		Date of Receipt MM / DD / YYYY 10 / 04 / 2012
Mailing Address 95 Sparrow Drive		Amount of Each Receipt this Period 25.00
City Royal Palm Beach	State Zip Code FL 33411	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Broward County	Occupation Water Resource Manager	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 125.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	75.00

13031034315

**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 OF	
	<input 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. Act Blue Technical Service		Date of Disbursement MM / DD / YYYY 10 / 04 / 2012
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period .99
City Cambridge	State MA	
Zip Code 02138		Category/ Type 003
Purpose of Disbursement Fees		
Candidate Name Kristin Jacobs		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Florida U C Fund		Date of Disbursement MM / DD / YYYY 10 / 11 / 2012
Mailing Address 5050 W. Tennessee Street		Amount of Each Disbursement this Period 108.00
City Tallahassee	State FL	
Zip Code 32399-0180		Category/ Type 0001
Purpose of Disbursement Taxes		
Candidate Name Kristin Jacobs		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Comcast		Date of Disbursement MM / DD / YYYY 10 / 16 / 2012
Mailing Address P O Box 5300098		Amount of Each Disbursement this Period 161.33
City Atlanta	State GA	
Zip Code 30353-0098		Category/ Type 001
Purpose of Disbursement Cable, Internet and Voice Service		
Candidate Name Kristin Jacobs		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	270.32
TOTAL This Period (last page this line number only).....	

13031034316

**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 OF	
	<input 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		Date of Disbursement MEM / D D / Y Y Y Y Y Y 10 / 03 / 2012
Mailing Address 1101 15th Street N.W.		Amount of Each Disbursement this Period 9.00
City Washington	State DC	
Zip Code 20005		Category/ Type 003
Purpose of Disbursement Merchant Fee		
Candidate Name Kristin Jacobs		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. NGP Van		Date of Disbursement MEM / D D / Y Y Y Y Y Y 10 / 03 / 2012
Mailing Address 1101 15th Street N.W.		Amount of Each Disbursement this Period 292.26
City Washington	State DC	
Zip Code 20005		Category/ Type 003
Purpose of Disbursement Interchange Merchant Fee		
Candidate Name Kristin Jacobs		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. SunTrust		Date of Disbursement MEM / D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address P O Box 622227		Amount of Each Disbursement this Period 5.00
City Orlando	State FL	
Zip Code 32862-2227		Category/ Type 001
Purpose of Disbursement Bank Analysis Fee		
Candidate Name		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	306.26
TOTAL This Period (last page this line number only).....	

13031034317

**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 OF	
	<input 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

Mailing Address

1101 15th Street N.W.

City

Washington

State

DC

Zip Code

20005

Purpose of Disbursement

Interchange Merchant fee

Candidate Name

Kristin Jacobs

003
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

11 / 05 / 2012

Amount of Each Disbursement this Period

03

B.

NGP Van

Mailing Address

1101 15th Street N.W.

City

Washington

State

DC

Zip Code

20005

Purpose of Disbursement

Interchange Merchant Discount Fee

Candidate Name

Kristin Jacobs

003
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

11 / 05 / 2012

Amount of Each Disbursement this Period

1.00

C.

NGP Van

Mailing Address

1101 15th Street N.W.

City

Washington

State

DC

Zip Code

20005

Purpose of Disbursement

Service Fee

Candidate Name

Kristin Jacobs

003
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

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

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

Date of Disbursement

11 / 05 / 2012

Amount of Each Disbursement this Period

95.05

96.08

13031034318

**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	OF
	<input 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. SunTrust		Date of Disbursement MM / DD / YYYY 11 / 21 / 2012
Mailing Address P O Box 62227		Amount of Each Disbursement this Period 5.00
City Orlando	State FL	
Zip Code 32862-2227		
Purpose of Disbursement Bank Analysis Fee		
Candidate Name Kristin Jacobs		Category/ Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <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		Date of Disbursement MM / DD / YYYY 12 / 03 / 2012
Mailing Address 1101 15th Street N.W.		Amount of Each Disbursement this Period 1.58
City Washington	State DC	
Zip Code 20005		
Purpose of Disbursement Interchange Merchant Fee		
Candidate Name Kristin Jacobs		Category/ Type 003
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <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		Date of Disbursement MM / DD / YYYY 12 / 03 / 2012
Mailing Address 1101 15th Street N.W.		Amount of Each Disbursement this Period 2.90
City Washington	State DC	
Zip Code 20005		
Purpose of Disbursement Service Fee		
Candidate Name Kristin Jacobs		Category/ Type 003
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).....	9.48
TOTAL This Period (last page this line number only).....	

13031034319

**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	OF
	<input type="checkbox"/> 17 <input 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

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

Full Name (Last, First, Middle Initial) A. SunTrust		Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 20 / 2012
Mailing Address P O BOX 62227		Amount of Each Disbursement this Period 5.00
City Orlando	State FL	
Zip Code 32862-2227		Category/ Type 001
Purpose of Disbursement Bank Analysis Fee		
Candidate Name Kristin Jacobs		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5.00
TOTAL This Period (last page this line number only).....	687.14

13031034320

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE OF

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Kristin Jacobs for Congress

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

Jacobs, Kristin

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

651 NE 5th Street

City

Pompano Beach

State

FL

ZIP Code

33060

Original Amount of Loan

6,200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6,200.00

TERMS

Date Incurred

08 / 16 / 2012

Date Due

none

Interest Rate

0.00 % (apr)

Secured:

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: **0.00**

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: **0.00**

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: **0.00**

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: **0.00**

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

6,200.00

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

6,200.00

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

13031034321

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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):
Mailing Address 1101 15th Street N.W.	
City State Zip Code Washington, DC 20005	

Outstanding Balance Beginning This Period 2,400.00	Payment This Period	Outstanding Balance at Close of This Period 3,550.00
Amount Incurred This Period 1,150.00		

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

1) SUBTOTALS This Period This Page (optional)	3,550.00
2) TOTALS This Period (last page this line number only)	3,550.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	6,200.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	9,750.00

13031034322

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
1/31/13

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature 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 Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

ADD
PREPARER
(3/2005)

2/6/13
DATE PREPARED

13031034323