

FEC  
FORM 3P

# REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE  
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

RECEIVED

2012 OCT 12 AM 8:30

Office Use Only

FEC MAIL CENTER

12FE4M5

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

JACOBSON 4 President 2016

JACOBSON For President 2016

ADDRESS (number and street)

8159 ROSEBUD STREET

Check if different  
than previously  
reported. (ACC)

ALTA LOMA

CITY

CA

STATE

91701

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C 00526475

3. THIS REPORT IS FOR Primary  or General

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

April 15 (Q1)  October 15 (Q3)

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)

July 15 (Q2) January 31 Year-End Report (YE)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

Thirtieth day report following the General Election

M M / D D / Y Y Y Y

on

Twelfth day report preceding

M M / D D / Y Y Y Y

on

in the State of

Is this Report an Amendment?

yes  no

5. Covering Period

07 15 2012

through

10 15 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

STEVEN D. JACOBSON

Signature of Treasurer

Date

10 02 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of this form are obsolete and should no longer be used.

Office  
Use  
Only

12030901321

Write or Type Committee Name

Jacobson 4 President 2016

Report Covering the Period: From: 07 15 2012 To: 10 15 2012

**SUMMARY**

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	00.00
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....	00.00
8. SUBTOTAL (Lines 6 and 7) .....	00.00
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	00.00
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8) .....	00.00
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....	00.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....	00.00
13. EXPENDITURES SUBJECT TO LIMITATION .....	00.00

**NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES**

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....	0600
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2) .....	0000

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**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3P (Rev. 03/2011)

Page 3

NAME OF COMMITTEE (in Full)

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Report Covering the Period: From:      M      /      D      /      Y      Y      Y      Y To:      M      /      D      /      Y      Y      Y      Y

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

16. FEDERAL FUNDS (Itemize on Schedule A-P).....			
17. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) itemized .....			
(ii) unitemized .....			
(iii) Total contributions .....			
(b) Political Party Committees.....			
(c) Other Political Committees .....			
(d) The Candidate.....			
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) .....			
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....			
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate.....			
(b) Other Loans.....			
(c) TOTAL LOANS (Add 19(a) and 19(b)).....			
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):			
(a) Operating .....			
(b) Fundraising.....			
(c) Legal and Accounting .....			
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c)) .....			
21. OTHER RECEIPTS (Dividends, Interest, etc.).....			
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....			

*NONE*

12030901323

NAME OF COMMITTEE (in Full)

\_\_\_\_\_

Report Covering the Period: From:      /      /      To:      /      /     

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

**COLUMN B  
Election Cycle-to-Date**

23. OPERATING EXPENDITURES.....		
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....		
25. FUNDRAISING DISBURSEMENTS .....		
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....		
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....		
(b) Other Repayments .....		
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....		
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....		
(b) Political Party Committees.....		
(c) Other Political Committees .....		
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)) .....		
29. OTHER DISBURSEMENTS .....		
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29).....		

*None*

**III. CONTRIBUTED ITEMS  
(Stock, Art Objects, Etc.)**

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....		
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**ALLOCATION OF PRIMARY EXPENDITURES  
 BY STATE FOR  
 A PRESIDENTIAL CANDIDATE**  
 (Used Only by Primary Committees Receiving  
 or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C

\_\_\_\_\_

\_\_\_\_\_

ADDRESS (number and street)

\_\_\_\_\_

\_\_\_\_\_

CITY

STATE

ZIP CODE

3. NAME OF CANDIDATE

\_\_\_\_\_

*2016*

**ALLOCATION BY STATE**

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama		
Alaska		
Arizona		
Arkansas		
California		
Colorado		
Connecticut		
Delaware		
District of Columbia		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois		

12030901325

12030901326

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana		
Iowa		
Kansas		
Kentucky		
Louisiana		
Maine		
Maryland		
Massachusetts		
Michigan		
Minnesota		
Mississippi		
Missouri		
Montana		
Nebraska		
Nevada		
New Hampshire		
New Jersey		
New Mexico		
New York		
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		

*None*

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STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island		
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming		
Puerto Rico		
Guam		
Virgin Islands		
<b>TOTALS</b>		

NONE

EXPENDITURES SUBJECT TO LIMIT

FEC Form 3P

(Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

Page 4

NAME OF COMMITTEE (in Full)

Grid lines for committee name entry

Report Covering the Period: From: M M / D D / Y Y Y Y To: M M / D D / Y Y Y Y

- A. OPERATING EXPENDITURES (Line 23, Column B)
B. OPERATING OFFSETS (Line 20a, Column B)
C. CURRENT YEAR NET OPERATING EXPENDITURES (Subtract Line B from A)
D. PRIOR YEAR(S) OPERATING EXPENDITURES
E. PRIOR YEAR(S) OPERATING OFFSETS
F. PRIOR YEAR(S) NET OPERATING EXPENDITURES (Subtract Line E from D)
G. FUNDRAISING DISBURSEMENTS (Line 25, Column B)
H. OFFSETS TO FUNDRAISING DISBURSEMENTS (Line 20b, Column B)
I. CURRENT YEAR NET FUNDRAISING DISBURSEMENTS (Subtract Line H from G)
J. PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS
K. PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS OFFSETS
L. PRIOR YEAR(S) NET FUNDRAISING DISBURSEMENTS (Subtract Line K from J)
M. TOTAL NET FUNDRAISING DISBURSEMENTS (Add Lines I and L)
N. 20% EXEMPTION (20% of Overall Expenditure Limit)
O. TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT (Subtract Line N from M)
P. TOTAL EXPENDITURES SUBJECT TO LIMITATION (Add Lines C, F and O)

Table with columns for monetary values and a grid for calculations

None

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**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<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)

**A. 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

Amount of Each Receipt this Period

*None*

**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

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

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

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**SCHEDULE B-P  
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"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

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*Handwritten initials: MNC*

**SCHEDULE C-P  
LOANS**

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

PAGE OF

FOR LINE NUMBER:  19a  19b  
(check only one)

NAME OF COMMITTEE (In Full)

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

Election:

- Primary  
 General  
 Other (specify) ▼

Mailing Address

City State ZIP Code

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

TERMS Date Incurred Date Due Interest Rate Secured:  
M M / D D / Y Y Y Y M M / D D / Y Y Y Y % (apr)  Yes  No

*NONE*

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:

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

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

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**LOANS AND LINES OF CREDIT FROM  
LENDING INSTITUTIONS**

NAME OF COMMITTEE (in full, type or print)

FEC IDENTIFICATION NUMBER **C**

FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)

CITY STATE ZIP CODE

AMOUNT OF LOAN

INTEREST RATE (APR) **DNC** %

DATE INCURRED OR ESTABLISHED

DATE DUE

A. Has loan been restructured? If yes, date originally incurred:  
No Yes

B. If line of credit:  
Amount of this draw Total outstanding balance

C. Are other parties secondarily liable for the debt incurred? (Endorsers and guarantors must be reported on Schedule C-P)  
No Yes

D. Are ANY of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes

If yes, specify:

What is the value of this collateral: Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, or future receipts of public financing pledged as collateral for this loan? No Yes

If yes, specify:

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established:

Location of account:

Date debtor authorized the Secretary of the U.S. Treasury to make direct deposits of public financing payments to the depository account:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and demonstrate that it assures repayment.

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G. Type or Print Name of Committee Treasurer

\_\_\_\_\_

Signature of Treasurer \_\_\_\_\_

Date

MM / DD / YYYY

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

1. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
2. The loan was made on terms and conditions (including interest rate) no more favorable at the time that those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
3. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth in 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

*NOTE*

Type or Print Name of Authorized Representative

\_\_\_\_\_

Title

\_\_\_\_\_

Signature of Authorized Representative

Date

\_\_\_\_\_

MM / DD / YYYY

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**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 11

12030901334

NAME OF COMMITTEE (In Full)

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

*None*

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

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 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) .....



## Mandatory Electronic Filing

Under the Commission's mandatory electronic filing rules, which took effect January 1, 2001, any committee that receives contributions or makes expenditures in excess of \$50,000 in the current calendar year, or that has reason to expect to do so, must submit its reports electronically. Any filer who is required to file electronically, but instead files on paper, will be considered a nonfiler and may be subject to enforcement action under the administrative fine program. The mandatory electronic filing provisions (11 CFR 104.18) apply to any political committee or other person required to file reports, statements and/or designations with the FEC. These requirements do not apply to Senate candidate committees (and other persons who support Senate candidates only), who file with the Secretary of the Senate.

### Reason to Expect to Exceed the Threshold

Once filers actually exceed the \$50,000 threshold, they have "reason to expect" to exceed the threshold in the following two calendar years. 11 CFR 104.18 (a)(3)(i). As a result, they must continue to file electronically for the two years (January through December) following the year in which they exceeded the threshold. Filers with no historic data on which to base their calculations should expect to exceed the threshold if they either receive contributions or make expenditures that exceed one-quarter of the threshold amount in the first quarter of the calendar year, or they receive contributions or make expenditures that exceed one-half of the threshold amount in the first half of the calendar year. 11 CFR 104.18 (a)(3)(ii).

The regulations allow an exception to the requirement of filing for the following two calendar years for candidate committees:

- That have \$50,000 or less in net debts outstanding on January 1 of the year following the election;
- That anticipate terminating prior to the next election year; *and*
- Whose candidate has not qualified as a candidate for the next election and does not intend to become a candidate in the next election. 11 CFR 104.18 (a)(3)(i).

While all committees must file electronically in the year in which they exceed the threshold, authorized candidate committees meeting these requirements do not "expect to exceed the threshold" in the following two calendar years and, therefore, need not file electronically during those years unless they actually exceed the threshold.

## OCTOBER QUARTERLY/MONTHLY REPORT NOTICE

FEDERAL ELECTION COMMISSION

**PRESIDENTIAL COMMITTEES**

September 21, 2012

### CURRENT REPORTS DUE

**MONTHLY FILERS**

If on January 1, 2012, the committee has received or anticipates receiving contributions aggregating \$100,000, or has made or anticipates making expenditures aggregating \$100,000, then the committee files monthly reports in 2012. See [11 CFR 104.5\(b\)\(1\)\(i\)](#).

REPORT	CLOSE OF BOOKS <sup>1</sup>	REG./CERT. & OVERNIGHT MAILING DEADLINE	FILING DEADLINE
October Monthly	09/30/12	10/20/12	10/20/12 <sup>2</sup>

**QUARTERLY FILERS**

If on January 1, 2012, the committee has not received or does not anticipate receiving contributions aggregating \$100,000, or has not made or does not anticipate making expenditures aggregating \$100,000, the committee files quarterly reports in 2012. If the committee reaches \$100,000 threshold during election year, the committee begins filing monthly reports at the next reporting period. See [11 CFR 104.5\(b\)\(1\)\(ii\)](#).

REPORT	CLOSE OF BOOKS <sup>1</sup>	REG./CERT. & OVERNIGHT MAILING DEADLINE	FILING DEADLINE
October Quarterly	09/30/12	10/15/12	10/15/12

**Note:** Quarterly filers must also file a pre-election report for each election in which the candidate seeks nomination or election.

[Click here for Supplemental Filing Information](#)

### REPORTING SCHEDULE FOR REMAINDER OF 2012

**QUARTERLY FILERS**


REPORT	CLOSE OF BOOKS <sup>1</sup>	REG./CERT. & OVERNIGHT MAILING DEADLINE	FILING DEADLINE
Pre-General <sup>3</sup>	10/17/12	10/22/12	10/25/12
48-Hour Notices	Period: 10/18/12 - 11/03/12 ( <a href="#">click here for filing info</a> )		
Post-General <sup>3</sup>	11/26/12	12/06/12	12/06/12
Year-End	12/31/12	01/31/13	01/31/13

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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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 10/2/12
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER  DATE PREPARED 10/12/12

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