

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

Jacobsen for Congress

ADDRESS (number and street)

865 S Highland

Check if different than previously reported. (ACC)

Dearborn

MI

48124

2. FEC IDENTIFICATION NUMBER ▼

C C00504951

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MI

12

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

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

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

through

M M / D D / Y Y Y Y
03 / 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 Mrs. Denise E Day

Signature of Treasurer Mrs. Denise E Day

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 / 11 / 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.

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Jacobsen 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))....	8340.00	13590.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8340.00	13590.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	11377.09	14986.29
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	11377.09	14986.29
8. Cash on Hand at Close of Reporting Period (from Line 27).....	48603.71	
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).....	50000.00	

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

Jacobsen 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).....	0.00	2500.00
(ii) Unitemized.....	340.00	590.00
(iii) TOTAL of contributions from individuals ▶	340.00	3090.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	8000.00	10500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8340.00	13590.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	50000.00	50000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	50000.00	50000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
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)..... ▶	58340.00	63590.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11377.09	14986.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	11377.09	14986.29

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1640.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	58340.00
25. SUBTOTAL (add Line 23 and Line 24).....	59980.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11377.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	48603.71

**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 11
	<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	

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)
Jacobsen for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Karen E Jacobsen

Mailing Address 865 S Highland

City Dearborn State MI Zip Code 48124

FEC ID number of contributing federal political committee. **C H2MI12131**

Name of Employer: Jacobsen Industries, Inc Occupation: Controller

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 12 / 2012

Transaction ID : SA11D.4198

Amount of Each Receipt this Period
 3000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mrs. Karen E Jacobsen

Mailing Address 865 S Highland

City Dearborn State MI Zip Code 48124

FEC ID number of contributing federal political committee. **C H2MI12131**

Name of Employer: Jacobsen Industries, Inc Occupation: Controller

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2012

Transaction ID : SA11D.4209

Amount of Each Receipt this Period
 5000.00

Contribution

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).....

8000.00

8000.00

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

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NAME OF COMMITTEE (In Full)
Jacobsen for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Karen E Jacobsen		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 13 / 2012
Mailing Address 865 S Highland		Transaction ID : SA13A.4280
City Dearborn	State MI Zip Code 48124	
FEC ID number of contributing federal political committee.	C H2MI12131	Amount of Each Receipt this Period 50000.00
Name of Employer Jacobsen Industries, Inc	Occupation Controller	Personal Loan from Karen Jacobsen
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 60500.00	

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

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee.	C	
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).....	50000.00
TOTAL This Period (last page this line number only).....	50000.00

**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 7 OF 11			
	<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)
Jacobsen for Congress

Full Name (Last, First, Middle Initial) A. Allegra Print & Imaging			Date of Disbursement MM / DD / YYYY 01 / 13 / 2012	
Mailing Address 22250 Ford Road			Amount of Each Disbursement this Period 207.54	
City Dearborn Heights	State MI	Zip Code 48127	Transaction ID : SB17.4237	
Purpose of Disbursement Mailing Labels		Category/ Type 006		
Candidate Name Jacobsen for Congress				
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: MI	District: 12			

Full Name (Last, First, Middle Initial) B. Allegra Print & Imaging			Date of Disbursement MM / DD / YYYY 03 / 29 / 2012	
Mailing Address 22250 Ford Road			Amount of Each Disbursement this Period 426.02	
City Dearborn Heights	State MI	Zip Code 48127	Transaction ID : SB17.4251	
Purpose of Disbursement Campaign Stationary		Category/ Type 006		
Candidate Name Jacobsen for Congress				
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: MI	District: 12			

Full Name (Last, First, Middle Initial) c. Charles (Chuck) Eiler			Date of Disbursement MM / DD / YYYY 01 / 26 / 2012	
Mailing Address 400 N. LaSalle 4101			Amount of Each Disbursement this Period 3500.00	
City Chicago	State IL	Zip Code 60654	Transaction ID : SB17.4240	
Purpose of Disbursement Redesign Campaign Websight		Category/ Type 006		
Candidate Name Jacobsen for Congress				
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: MI	District: 12			

SUBTOTAL of Disbursements This Page (optional).....	4133.56
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 8 OF 11	
	<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)
Jacobsen for Congress

Full Name (Last, First, Middle Initial) A. Chase Paymentech		Date of Disbursement MM / DD / YYYY 02 / 29 / 2012
Mailing Address PO Box 29534		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.4260
City Phoenix	State AZ	
Zip Code 85038	Purpose of Disbursement Monthly Bank Fee	Category/ Type 001
Candidate Name Jacobsen for Congress		
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: MI	District: 12	

Full Name (Last, First, Middle Initial) B. Chase Paymentech		Date of Disbursement MM / DD / YYYY 03 / 31 / 2012
Mailing Address PO Box 29534		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.4261
City Phoenix	State AZ	
Zip Code 85038	Purpose of Disbursement Monthly Bank Fee	Category/ Type 001
Candidate Name Jacobsen for Congress		
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: MI	District: 12	

Full Name (Last, First, Middle Initial) c. Mr. James E Hood		Date of Disbursement MM / DD / YYYY 03 / 01 / 2012
Mailing Address 1980 Stonebridge Drive North		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4243
City Ann Arbor	State MI	
Zip Code 48108	Purpose of Disbursement Campaign Consulting Service	Category/ Type 001
Candidate Name Jacobsen for Congress		
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: MI	District: 12	

SUBTOTAL of Disbursements This Page (optional).....	2635.00
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 9 OF 11			
	<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)
Jacobsen for Congress

Full Name (Last, First, Middle Initial) A. Mr. James E Hood		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012
Mailing Address 1980 Stonebridge Drive North		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4247
City Ann Arbor State MI Zip Code 48108	Purpose of Disbursement Campaign Consulting Service 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. InfoUsa Sales Solutions		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2012
Mailing Address Po Box 957742		Amount of Each Disbursement this Period 301.08 Transaction ID : SB17.4266
City St Louis State MO Zip Code 63195	Purpose of Disbursement Voter Mailing Labels for Zip Code 48124 006 Category/Type	
Candidate Name Jacobsen for Congress	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: MI District: 12		

Full Name (Last, First, Middle Initial) c. Saturn Printing & Marketing		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2012
Mailing Address 35175 Plymouth		Amount of Each Disbursement this Period 1189.16 Transaction ID : SB17.4233
City Livonia State MI Zip Code 48150	Purpose of Disbursement Campaign Booklets 006 Category/Type	
Candidate Name Jacobsen for Congress	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: MI District: 12		

SUBTOTAL of Disbursements This Page (optional).....	3990.24
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 10 OF 11	
	<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)
Jacobsen for Congress

Full Name (Last, First, Middle Initial) A. Saturn Printing & Marketing		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012
Mailing Address 35175 Plymouth		Amount of Each Disbursement this Period 84.80
City Livonia	State MI Zip Code 48150	
Purpose of Disbursement Campaign Logo Design	Category/Type 006	Transaction ID : SB17.4250
Candidate Name Jacobsen for Congress	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: MI District: 12		

Full Name (Last, First, Middle Initial) B. Vistaprint		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2012
Mailing Address 95 Hayden Ave		Amount of Each Disbursement this Period 338.48
City Lexington	State MA Zip Code 02421	
Purpose of Disbursement Campaign Business Cards	Category/Type 006	Transaction ID : SB17.4239
Candidate Name Jacobsen for Congress	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: MI District: 12		

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).....	423.28
TOTAL This Period (last page this line number only).....	11182.08

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Jacobsen for Congress** Transaction ID : **SC/10.4280**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
Mrs. Karen E Jacobsen Primary
 Mailing Address 865 S Highland General
 Other (specify) ▼

City State ZIP Code
 Dearborn MI 48124

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
-------------------------------------	------------------------------------	---

TERMS Date Incurred Date Due Interest Rate Secured:
 M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr) Yes No
 03 / 13 / 2012 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: []

SUBTOTALS This Period This Page (optional).....	▶	50000.00
TOTALS This Period (last page in this line only).....	▶	50000.00

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