

# 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

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 C00512368

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

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

/  /

through

/  /

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 Mr. Jacob C. Richter CPA

Signature of Treasurer Mr. Jacob C. Richter CPA

[Electronically Filed]

Date

/  /

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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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Kristin Jacobs 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))....	68608.00	484589.21
(b) Total Contribution Refunds (from Line 20(d)) .....	20100.00	20100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	48508.00	464489.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	99415.45	467081.45
(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)).....	99415.45	467081.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3607.76	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	8600.00	

**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

**Kristin Jacobs for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	56690.00	396664.09
(ii) Unitemized.....	5618.00	10538.12
(iii) TOTAL of contributions from individuals ▶	62308.00	436189.21
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	4000.00	45900.00
(d) The Candidate.....	2300.00	2500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	68608.00	484589.21
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	6200.00	6200.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	6200.00	6200.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	74808.00	490789.21

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	99415.45	467081.45
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 .....	20100.00	20100.00
(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)).....	20100.00	20100.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	119515.45	487181.45

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	48315.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	74808.00
25. SUBTOTAL (add Line 23 and Line 24).....	123123.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	119515.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3607.76

**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 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input 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)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. William Alberni</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2012	
Mailing Address 6145 SW 27 Street		<b>Transaction ID : C4332313</b>	
City State Zip Code Miami FL 33155	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation Master ConcessionAir, LLC Partner		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Joel Altman</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2012	
Mailing Address 1515 S Federal Hwy, Ste 300		<b>Transaction ID : C4311692</b>	
City State Zip Code Boca Raton FL 33432	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation Altman Companies, Inc. Real Estate Developer & Management		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Vasti Amaro</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2012	
Mailing Address 3300 SW 11th Avenue		<b>Transaction ID : C4317441</b>	
City State Zip Code Fort Lauderdale FL 33315	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation Keolis Transit America Executive VP Transportation		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1250.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**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 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>Donald Andrews</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 27 / 2012	
Mailing Address 1906 Windy Green Drive		<b>Transaction ID : C4305364</b>	
City Kingwood	State TX	Zip Code 77345	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Andrews Consulting	Occupation Principal		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>Stanley Bailey</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 02 / 2012	
Mailing Address 362 Bailey Road		<b>Transaction ID : C4311414</b>	
City Parker	State PA	Zip Code 16049	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Brookville Equipment Corporation	Occupation Chief Financial Officer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>Dan Baker</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 13 / 2012	
Mailing Address 900 N Garvor		<b>Transaction ID : C4333679</b>	
City Monroe	State OH	Zip Code 45050	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Baker Concrete	Occupation Owner		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

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

FOR LINE NUMBER: PAGE 7 OF 63  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David M. Beavens**

Mailing Address 5 Dearborn Brook Circle

City Exeter State NH Zip Code 03833

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

Name of Employer Wheelabrator Technologies Inc Occupation Vice President Finance

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2012

**Transaction ID : C4310217**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Gary E. Bitner**

Mailing Address 701 W Cypress Creek Rd Suite 204

City Fort Lauderdale State FL Zip Code 33309

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

Name of Employer Bitner Goodman Occupation President

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2012

**Transaction ID : C4316424**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Sidney W. Blaauw**

Mailing Address 10049 Diamond Lake Rd.

City Boynton Beach State FL Zip Code 33437

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

Name of Employer SG Steel Services Co. Occupation Managing Director

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012

**Transaction ID : C4331822**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1500.00

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

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

FOR LINE NUMBER: PAGE 8 OF 63  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Chase M Book**

Mailing Address 18851 NE 29 th Ave Suite 1010

City State Zip Code  
Aventura FL 33180

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

Name of Employer Occupation  
N/A Student

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C4312615**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**William M. Bower Jr.**

Mailing Address 2189 Sunderland Ave

City State Zip Code  
Wellington FL 33414-7723

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012

**Transaction ID : C4331836**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Browdy**

Mailing Address 1000 NW 57th Ct. Suite 200

City State Zip Code  
Miami FL 33126

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

Name of Employer Occupation  
Turner Construction Co Business Development

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012

**Transaction ID : C4331821**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3250.00



**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 9 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Geoffrey Bunnell**

Mailing Address 2128 Turquoise Way

City State Zip Code  
Boca Raton FL 33428

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

Name of Employer Occupation  
James A. Cummings, Inc. Contractor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 09 / 2012

**Transaction ID : C4330728**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Christina S. Carton**

Mailing Address 410 N.E. 45th Street

City State Zip Code  
Fort Lauderdale FL 33334

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

Name of Employer Occupation  
Retired Retired Educator

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 27 / 2012

**Transaction ID : C4305291**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Charles Cassini**

Mailing Address 3228 Lakeshore Drive

City State Zip Code  
Deerfield Beach FL 33442

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

Name of Employer Occupation  
Cassini Law Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 09 / 2012

**Transaction ID : C4330664**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1000.00

**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 10 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kevin Cavaoli**

Mailing Address 2300 NE 49th St

City State Zip Code  
Lighthouse Point FL 33064

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

Name of Employer Occupation  
Hoover Pumping Systems technical sales/management

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 08 / 2012

**Transaction ID : C4317527**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**George Cavros**

Mailing Address 1525 Rodman Street

City State Zip Code  
Hollywood FL 33020

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

Name of Employer Occupation  
self attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
280.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 03 / 2012

**Transaction ID : C4312589**

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
**Tyler Chappell**

Mailing Address 714 East McNab Rd

City State Zip Code  
Pompano Beach FL 33060

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

Name of Employer Occupation  
The Chappell Group Certified MBE/CBE/ SBE Firm

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 27 / 2012

**Transaction ID : C4305297**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

380.00

**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 11 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William N Coleman**

Mailing Address 4119 Staghorn Ln

City State Zip Code  
Weston FL 33331

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2012

**Transaction ID : C4330905**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert Cousins**

Mailing Address 2299 S.E. 8th Street

City State Zip Code  
Pompano Beach FL 33062

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

Name of Employer Occupation  
Quintairos, Prieto, Wood & Boyer Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2012

**Transaction ID : C4330809**

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
**William Richard Derrer**

Mailing Address 5010 Quayside Terr

City State Zip Code  
Miami FL 33138

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

Name of Employer Occupation  
James A Cummings, Inc. Vice President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2012

**Transaction ID : C4331150**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1200.00

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 12 OF 63

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas F Doran Jr**

Mailing Address 4324 Hunting Trl

City State Zip Code  
 Lake Worth FL 33467

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

Name of Employer Occupation Information Requested  
 Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C4312619**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Celia Earle**

Mailing Address 921 Sevilla Circle

City State Zip Code  
 Weston FL 33326

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

Name of Employer Occupation Information Requested  
 Brown and Caldwell Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2012

**Transaction ID : C4310099**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Armon Emery**

Mailing Address 10 Fairway Drive  
 Suite 301

City State Zip Code  
 Deerfield Beach FL 33441

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

Name of Employer Occupation Information Requested  
 CMS-Construction Management Services, Business Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : C4302163**

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1050.00

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

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

FOR LINE NUMBER: PAGE 13 OF 63  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Candice Ericks**

Mailing Address 800 SE 4th Street 102

City State Zip Code  
Fort Lauderdale FL 33301

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

Name of Employer Occupation  
Ericks Consulting Consutant/Lobbyist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 03 2012

**Transaction ID : C4312302**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael Ericks**

Mailing Address 429 Williams Street

City State Zip Code  
Tallahassee FL 32303

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

Name of Employer Occupation  
Clydes and Castello's Club Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 03 2012

**Transaction ID : C4312306**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Alfred Esquivel**

Mailing Address 6644 Serena Ln

City State Zip Code  
Boca Raton FL 33433

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 03 2012

**Transaction ID : C4312648**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1250.00

**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 14 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jeff Falkanger**

Mailing Address 888 South Andrews Ave  
Suite 300

City Fort Lauderdale State FL Zip Code 33316

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

Name of Employer Occupation  
Falkanger, Snyder Martineau & Yates Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 09 / 2012

**Transaction ID : C4330802**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**somay farias**

Mailing Address 7745 SW 122 St

City Miami State FL Zip Code 33156

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

Name of Employer Occupation  
Broward Tag Agency President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 14 / 2012

**Transaction ID : C4335238**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Ronald Feldman**

Mailing Address 31 Mercer Street

City New York State NY Zip Code 10013

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

Name of Employer Occupation  
Self Art Dealer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 01 / 2012

**Transaction ID : C4310129**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1250.00

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

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

FOR LINE NUMBER: PAGE 15 OF 63  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Miles A Forman II**

Mailing Address **PO Box 292037**

City **Fort Lauderdale** State **FL** Zip Code **33329-2037**

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

Name of Employer **Stereo Bang Media LLC** Occupation **President**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 10 / 2012**

**Transaction ID : C4332382**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**James Fraser Jr.**

Mailing Address **2925 Medinah**

City **Weston** State **FL** Zip Code **33332**

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

Name of Employer **Turner Construction Company** Occupation **Construction Manager**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 10 / 2012**

**Transaction ID : C4331820**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Manley Fuller**

Mailing Address **PO Box 6870**

City **Tallahassee** State **FL** Zip Code **32314**

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

Name of Employer **Florida Wildlife Federation** Occupation **President**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 10 / 2012**

**Transaction ID : C4332772**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional).....

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

**3750.00**

**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 16 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Gorlow**

Mailing Address 7485 Fairway Dr  
APT 430

City Miami Lakes State FL Zip Code 33014-6875

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

Name of Employer RMGA Occupation Developer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 27 / 2012

**Transaction ID : C4305292**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Martin Greenberg**

Mailing Address 150 Horseshoe Rd

City Mill Neck State NY Zip Code 11765

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

Name of Employer Sterling Commodities Corp Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2012

**Transaction ID : C4309720**

Amount of Each Receipt this Period  
 360.00

**C.** Full Name (Last, First, Middle Initial)  
**Anne Handler**

Mailing Address 6797 Entrada Pl

City Boca Raton State FL Zip Code 33433-2742

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C4312614**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1110.00



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

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

FOR LINE NUMBER: PAGE 17 OF 63  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Anne Handler**

Mailing Address 6797 Entrada Pl

City State Zip Code  
Boca Raton FL 33433-2742

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2012

**Transaction ID : C4339050**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**roderick harvey**

Mailing Address 3816 hollywood boulevard suite 2023

City State Zip Code  
hollywood FL 33021

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

Name of Employer Occupation  
harvey covington and thomas of south f Certified public accountant

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2012

**Transaction ID : C4316244**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Glenn R. Humphrey**

Mailing Address 12066 Classic Dr

City State Zip Code  
Coral Springs FL 33071

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

Name of Employer Occupation  
Montgomery Watson Senior Engineer

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2012

**Transaction ID : C4313990**

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional).....

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

900.00

**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 18 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Stu Jacobs**

Mailing Address 651 NE 5th Street

City Pompano Beach State FL Zip Code 33060

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

Name of Employer Managed Insurance Services Inc. Occupation IT Specialist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 16 / 2012

**Transaction ID : C4337965**

Amount of Each Receipt this Period  
**1500.00**

**B.** Full Name (Last, First, Middle Initial)  
**MARTIN KALIN**

Mailing Address 1823 Jefferson PL NW

City WASHINGTON State DC Zip Code 20036

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

Name of Employer GFC CRANE CONSULTANTS LLC Occupation EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 09 / 2012

**Transaction ID : C4330903**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Raj Krishnasamy**

Mailing Address 2765 Vista Parkway Suite 10

City West Palm Beach State FL Zip Code 33411

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

Name of Employer Tierra South Florida, Inc. Occupation Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2012

**Transaction ID : C4309701**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional).....

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

**2500.00**

**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 19 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Salvador Lavalle**

Mailing Address 1200 Brickell Avenue  
Suite 1950

City Miami State FL Zip Code 33131

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

Name of Employer Self Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2012

**Transaction ID : C4309355**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Salvador Lavalle**

Mailing Address 1200 Brickell Avenue  
Suite 1950

City Miami State FL Zip Code 33131

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

Name of Employer Self Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2012

**Transaction ID : C4309356**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**C William Laystrom Jr**

Mailing Address 6240 SW 15th St

City Plantation State FL Zip Code 33317-4618

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

Name of Employer Self employed Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2012

**Transaction ID : C4314574**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

5500.00

**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 20 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Renan Leite**

Mailing Address 10 Fairway Drive  
#2211

City State Zip Code  
Deerfield Beach FL 33441

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

Name of Employer Occupation  
Law Office of Darren Covar Office Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 17 / 2012

**Transaction ID : C4339057**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**marilyn leto**

Mailing Address 7100 cutter court

City State Zip Code  
parkland FL 33067

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

Name of Employer Occupation  
self homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 08 / 2012

**Transaction ID : C4317513**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Paul Maggi**

Mailing Address 10125 NW 116th way

City State Zip Code  
Miami FL 33037

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

Name of Employer Occupation  
Fisk electric Electrical

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 10 / 2012

**Transaction ID : C4332613**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3250.00

**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 21 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Roland Malins-Smith**

Mailing Address 12466 Ridgeway Court,

City State Zip Code  
Davie FL 33330

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

Name of Employer Occupation  
Seafreight Agencies (USA) Inc. CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2012

**Transaction ID : C4317486**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Miami Subs Mgmt & Operating Co LLC**

Mailing Address 6300 NW 31st Avenue

City State Zip Code  
Fort Lauderdale FL 33309

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : C4311468**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Marcia Monserrat**

Mailing Address 1717 N Bayshore Drive, #2444

City State Zip Code  
Miami FL 33132

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

Name of Employer Occupation  
Kristin Jacobs Aide

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
669.95

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 07 / 2012

**Transaction ID : C4315945**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional).....

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

850.00

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

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

FOR LINE NUMBER: PAGE 22 OF 63  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jimmy L. Morales**

Mailing Address 6815 Corsica Street

City State Zip Code  
Coral Gables FL 33146

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

Name of Employer Occupation  
Stearns Weaver Miller Attorney

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2012

**Transaction ID : C4313777**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**una murphy**

Mailing Address 800 SE 25th Ave

City State Zip Code  
Ft. Lauderdale FL 33301

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2012

**Transaction ID : C4313540**

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
**william M murphy**

Mailing Address 800 SE 25th Ave

City State Zip Code  
Ft. Lauderdale FL 33301

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

Name of Employer Occupation  
self real estate inv.

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2012

**Transaction ID : C4313541**

Amount of Each Receipt this Period  
1250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2600.00

**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 23 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Catherine Colan Muth**

Mailing Address 901 Tanager Dr.

City	State	Zip Code
Blue Field	VA	24605

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

Name of Employer	Occupation
O. R. Colan Associates	Right of Way Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2012

**Transaction ID : C4317258**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Howard Nelson**

Mailing Address 5931 NE 21 Circle

City	State	Zip Code
Fort Lauderdale	FL	33308

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

Name of Employer	Occupation
Bilzin Sumberg	Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2012

**Transaction ID : C4330907**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Jeffrey Northrup**

Mailing Address 630 SW 94th Ter

City	State	Zip Code
Pembroke Pines	FL	33025

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

Name of Employer	Occupation
Information Requested	Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C4312623**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

\_\_\_\_\_ 1050.00

\_\_\_\_\_

**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 24 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bartholomew Okoro**

Mailing Address 135 NW 163rd St

City Miami State FL Zip Code 33169-6523

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

Name of Employer CHI-ADA Corp Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 06 / 2012**

**Transaction ID : C4314573**

Amount of Each Receipt this Period  
**400.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey Orleans**

Mailing Address 1819 JFK Boulevard Suite 360

City Philadelphia State PA Zip Code 19103

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

Name of Employer Self Occupation Real Estate Developer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 01 / 2012**

**Transaction ID : C4310233**

Amount of Each Receipt this Period  
**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Rudy Ortiz**

Mailing Address 4191 Triple Crown Ct

City Davie State FL Zip Code 33330-4325

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

Name of Employer Self Employed Occupation Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 03 / 2012**

**Transaction ID : C4312617**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional).....

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

**2650.00**



**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 25 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dorothy Panza**

Mailing Address 3600 N Federal Hwy

City State Zip Code  
Fort Lauderdale FL 33308-6217

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

Name of Employer Occupation  
Not employed Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012

**Transaction ID : C4331824**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**F. Martin Perry**

Mailing Address 2401 PGA Blvd.  
Suite 110

City State Zip Code  
Palm Beach Gardens FL 33410-3515

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

Name of Employer Occupation  
Perry & Taylor PA Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : C4311457**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Ralph Pomerance**

Mailing Address 2026 Allen Place NW

City State Zip Code  
Washington DC 20009

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

Name of Employer Occupation  
Self Conaultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2012

**Transaction ID : C4317532**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1550.00

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

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

FOR LINE NUMBER: PAGE 26 OF 63  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jonathan Potash**

Mailing Address 3215 NE 211th Terrace

City Miami State FL Zip Code 33180

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

Name of Employer DFASS Occupation Travel Retail Exec

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012

**Transaction ID : C4331819**

Amount of Each Receipt this Period  
 2100.00

2100.00

**B.** Full Name (Last, First, Middle Initial)  
**alan pramuk**

Mailing Address 2325 Lakeview Parkway Suite 400

City Alpharetta State GA Zip Code 30009

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

Name of Employer gresham smith and partners Occupation civil engineer

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2012

**Transaction ID : C4338635**

Amount of Each Receipt this Period  
 500.00

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert Ragan**

Mailing Address 6005 Bay Hill Cr

City Jamesville State NY Zip Code 13078

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

Name of Employer Gannett Fleming Occupation Engineer

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2012

**Transaction ID : C4333382**

Amount of Each Receipt this Period  
 250.00

250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2850.00

**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 27 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James Reardon**

Mailing Address 117 Spruce Street

City State Zip Code  
Boynton Beach FL 33426

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

Name of Employer Occupation  
Acousti Engineering Company of Florida Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2012

**Transaction ID : C4316374**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**John Ricchiuto**

Mailing Address 10354 Merriam Ln

City State Zip Code  
Twinsburg OH 44087

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

Name of Employer Occupation  
Standard Parking Corp EVP

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2012

**Transaction ID : C4331506**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Lys Rubin**

Mailing Address 10581 Grayhawk St

City State Zip Code  
Plantation FL 33324-8249

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2012

**Transaction ID : C4314577**

Amount of Each Receipt this Period  
2100.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2850.00

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

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

FOR LINE NUMBER: PAGE 28 OF 63  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William D Rubin**

Mailing Address 450 East Las Olas Blvd Suite 150

City State Zip Code  
Ft. Lauderdale FL 33301

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

Name of Employer Occupation  
The Rubin Group CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012

**Transaction ID : C4331863**

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
**Mark Saltz**

Mailing Address 3325 NE 17th Court

City State Zip Code  
Fort Lauderdale FL 33305

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

Name of Employer Occupation  
Saltz Michelson Architects Architect

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : C4311871**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**William C Sandifer**

Mailing Address 185 Edgewater Branch Drive

City State Zip Code  
Jacksonville FL 32259

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

Name of Employer Occupation  
Reynolds, Smith and Hills, Inc. (RS&H) Vice-President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2012

**Transaction ID : C4305366**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

900.00

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 29 OF 63

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**George Sanjuan**  
 Mailing Address 1120 South Northlake Dr  
 City State Zip Code  
 Hollywood FL 33019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Information Requested  
 Information Requested  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012  
**Transaction ID : C4312649**  
 Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Gene Schriener**  
 Mailing Address 1975 S Club Dr  
 City State Zip Code  
 Wellington FL 33414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Information Requested  
 Craig A Smith & Assoc. Professional Engineer  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2012  
**Transaction ID : C4315692**  
 Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**William Seth**  
 Mailing Address 6705 Royal Thomas Way  
 City State Zip Code  
 Alexandria VA 22315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Information Requested  
 Sustainable Strategies DC Government Affairs  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012  
**Transaction ID : C4312620**  
 Amount of Each Receipt this Period  
 250.00

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

1000.00

**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 30 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Howard Steinholz**

Mailing Address 1424 S Andrews Avenue, Suite 200

City	State	Zip Code
Fort Lauderdale	FL	33316

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

Name of Employer	Occupation
The Urban Group, Inc.	Real Estate Consultants

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C4312411**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Terry W. Stiles**

Mailing Address 301 East Las Olas Blvd.

City	State	Zip Code
Fort Lauderdale	FL	33301

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

Name of Employer	Occupation
Stiles Corporation	Real Estate Developer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C4312613**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**James D Stoner**

Mailing Address 4341 SW 62nd Ave

City	State	Zip Code
Davie	FL	33314

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

Name of Employer	Occupation
Stoner & Associates	Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C4312618**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1250.00

**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 31 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A. Dale Stubbs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 NE 4th Street  
 City Pompano Beach State FL Zip Code 33062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Atkins Occupation Engineer  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012  
**Transaction ID : C4304177**  
 Amount of Each Receipt this Period  
 250.00

**B. Harold Talisman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10630 NW 66th Court  
 City Parkland State FL Zip Code 33076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Panthers Hockey Club Occupation CFO  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012  
**Transaction ID : C4332609**  
 Amount of Each Receipt this Period  
 2500.00

**C. EDGAR TAPIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 BRINY AVE. #1003  
 City POMPANO BEACH State FL Zip Code 33062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ELE Tourism Occupation Owner  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2012  
**Transaction ID : C4317411**  
 Amount of Each Receipt this Period  
 2500.00

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

5250.00

**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 32 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dave Thomas**

Mailing Address 1924 Admirals Way

City State Zip Code  
Ft. Lauderdale FL 33316

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

Name of Employer Occupation  
Gannett Fleming, Inc. Operations Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 10 / 2012

**Transaction ID : C4332612**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Henry Vogel**

Mailing Address 840 SE 5th Terrace

City State Zip Code  
Pompano Beach FL 33060

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

Name of Employer Occupation  
State-Line Products Business Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2012

**Transaction ID : C4317250**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Jim Wells**

Mailing Address 1720 Centrepark Drive East

City State Zip Code  
West Palm Beach FL 33401

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

Name of Employer Occupation  
Weitz Vice President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : C4302490**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1000.00



**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 33 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Timothy P. Wheat**

Mailing Address P.O. Box 14966

City North Palm Beach State FL Zip Code 33408

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

Name of Employer Pinnacle Housing Group Occupation Real Estate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : C4301901**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Darrell D Whiteside**

Mailing Address 5173 Woodland Dr

City Delray Beach State FL Zip Code 33484

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

Name of Employer The Whiteside Group Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 09 / 2012

**Transaction ID : C4331153**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Basil Williams**

Mailing Address 401 E Las Olas Suite 1400

City Ft Lauderdale State FL Zip Code 33301

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

Name of Employer BND Engineers Inc Occupation Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 09 / 2012

**Transaction ID : C4331119**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1750.00

**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 34 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>Abbas Zackria</b>		Date of Receipt MM / DD / YYYY <b>08 / 07 / 2012</b>
Mailing Address 1733 sw 13th street		<b>Transaction ID : C4316030</b>
City Fort Lauderdale	State FL	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Walters Zackria Associates	Occupation Architect	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>250.00</b>	

Full Name (Last, First, Middle Initial)		Date of Receipt MM / DD / YYYY
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		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	

Full Name (Last, First, Middle Initial)		Date of Receipt MM / DD / YYYY
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>56690.00</b>

**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 35 OF 63
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input 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)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Embraer Aircraft Holding, Inc. PAC**

Mailing Address 2760 SW 34th Street

City Fort Lauderdale State FL Zip Code 33315

FEC ID number of contributing federal political committee. **C** C00472225

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C4312311**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Gannett Fleming Inc. PAC**

Mailing Address P O Box 67100

City Harrisburg State PA Zip Code 17106

FEC ID number of contributing federal political committee. **C** C00141382

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2012

**Transaction ID : C4334669**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**HDR, Inc.Political Action Committee**

Mailing Address 8404 Indian Hills Drive

City Omaha State NE Zip Code 68114

FEC ID number of contributing federal political committee. **C** C00103903

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C4313140**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3500.00

**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 36 OF 63
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Professional Service Industires, Inc.PAC**

Mailing Address 2350 Kerner Blvd.  
Suite 250

City San Rafael State CA Zip Code 94901

FEC ID number of contributing federal political committee. **C** C00498527

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C4314937**

Amount of Each Receipt this Period  
 500.00

**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 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 Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

500.00

4000.00

**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 37 OF 63
	<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	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>Kristin Jacobs</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 16 / 2012	
Mailing Address 651 NE 5th Street		<b>Transaction ID : C4337956</b>	
City Pompano Beach	State FL	Zip Code 33060	
FEC ID number of contributing federal political committee. C H2FL22106		Amount of Each Receipt this Period 2300.00	
Name of Employer Broward County Board of Commissioners	Occupation Commissioner		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8700.00		

Full Name (Last, First, Middle Initial) <b>B.</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		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		

Full Name (Last, First, Middle Initial) <b>C.</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		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		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2300.00
<b>TOTAL</b> This Period (last page this line number only).....	2300.00

**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 38 OF 63
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>Kristin Jacobs</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 16 / 2012	
Mailing Address 651 NE 5th Street		<b>Transaction ID : C4337949</b>	
City Pompano Beach      State FL      Zip Code 33060	Amount of Each Receipt this Period _____ 6200.00		
FEC ID number of contributing federal political committee. <b>C</b> H2FL22106	Name of Employer Broward County Board of Commissioners      Occupation Commissioner		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 8700.00		

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 6200.00
<b>TOTAL</b> This Period (last page this line number only).....	_____ 6200.00

**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 39 OF 63		
	<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)  
**Kristin Jacobs for Congress**

**A. Abar Hutton Media**

Full Name (Last, First, Middle Initial)  
Mailing Address 6190 Grovedale Court  
Suite 200

City Alexandria State VA Zip Code 22310

Purpose of Disbursement Media Buy Cable

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 08 / 09 / 2012

Amount of Each Disbursement this Period: 16000.00

Transaction ID : D462109

Category/Type: 004

**B. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)  
Mailing Address 14 Arrow Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement Service Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 08 / 05 / 2012

Amount of Each Disbursement this Period: 3.95

Transaction ID : D462143

Category/Type: 003

**C. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)  
Mailing Address 14 Arrow Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement Service Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 07 / 29 / 2012

Amount of Each Disbursement this Period: 0.99

Transaction ID : D460377

Category/Type: 003

**SUBTOTAL** of Disbursements This Page (optional) ..... 16004.94

**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 40 OF 63			
	<input checked="" 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	

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2012	
Mailing Address 14 Arrow Street			Amount of Each Disbursement this Period 0.99	
City Cambridge	State MA	Zip Code 02138	Transaction ID : <b>D465282</b>	
Purpose of Disbursement Service Fee		Category/ Type 003		
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>B. Ms Francesca Adain</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012	
Mailing Address 7640 Kimberly Blvd. Apt. 1 A			Amount of Each Disbursement this Period 250.00	
City North Lauderdale	State FL	Zip Code 33068	Transaction ID : <b>D476035</b>	
Purpose of Disbursement Campaign Work		Category/ Type 001		
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>C. Ms Francesca Adain</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012	
Mailing Address 7640 Kimberly Blvd. Apt. 1 A			Amount of Each Disbursement this Period 300.00	
City North Lauderdale	State FL	Zip Code 33068	Transaction ID : <b>D460288</b>	
Purpose of Disbursement Campaign Work		Category/ Type 001		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	550.99
<b>TOTAL</b> 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 41 OF 63	
	<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)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. Boca Raton Bridge Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 999 E Camino Real		Amount of Each Disbursement this Period 381.16 <b>Transaction ID : D461144</b>
City Boca Raton	State FL	
Zip Code 33432-6311	Purpose of Disbursement Coffee With Kristin Event	Category/ Type 007
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>B. Boca/Delray Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address Attention: Steve Wallace 16700 Jog Rd		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : D461378</b>
City Delray Beach	State FL	
Zip Code 33446	Purpose of Disbursement Back Page Ad	Category/ Type 004
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>c. Ronald L Bray</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 1711 S.W. 2nd Ave		Amount of Each Disbursement this Period 506.10 <b>Transaction ID : D459975</b>
City Pompano Beach	State FL	
Zip Code 33060	Purpose of Disbursement Payroll	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1287.26
<b>TOTAL</b> 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 42 OF 63		
	<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)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ronald L Bray</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2012
Mailing Address 1711 S.W. 2nd Ave		Amount of Each Disbursement this Period 361.10 <b>Transaction ID : D462372</b>
City Pompano Beach	State FL	
Zip Code 33060	Purpose of Disbursement Payroll	Category/ Type 001
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>B. Mr Andrew M Cannon</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2012
Mailing Address 3939 NE 5th Ave A-201		Amount of Each Disbursement this Period 1350.00 <b>Transaction ID : D462452</b>
City Boca Raton	State FL	
Zip Code 33431	Purpose of Disbursement Campaign Worker	Category/ Type 001
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>c. Maria C Cole</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2012
Mailing Address 509 B2 Sea Oats Drive		Amount of Each Disbursement this Period 1612.00 <b>Transaction ID : D462450</b>
City Juno Beach	State FL	
Zip Code 33408	Purpose of Disbursement Payroll	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3323.10
<b>TOTAL</b> 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 43 OF 63	
	<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)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. Maria C Cole</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2012
Mailing Address 509 B2 Sea Oats Drive		Amount of Each Disbursement this Period 1612.00 <b>Transaction ID : D459973</b>
City Juno Beach State FL Zip Code 33408	Purpose of Disbursement Payroll 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>B. Comcast</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2012
Mailing Address P O Box 5300098		Amount of Each Disbursement this Period 133.49 <b>Transaction ID : D460375</b>
City Atlanta State GA Zip Code 30353-0098	Purpose of Disbursement Cable, Internet & Voice Services 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>c. Data Farm Consulting, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2012
Mailing Address 12932 W. Glacier Drive		Amount of Each Disbursement this Period 2250.00 <b>Transaction ID : D462371</b>
City Evansville State WI Zip Code 53536	Purpose of Disbursement Voter File Consulting 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3995.49
<b>TOTAL</b> 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 44 OF 63	
	<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)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. Data Farm Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2012
Mailing Address 12932 W. Glacier Drive		Amount of Each Disbursement this Period -2250.00 <b>Transaction ID : D463459</b>
City Evansville	State WI	
Zip Code 53536	Purpose of Disbursement Void Check from 8/15/12	Category/ Type 001
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>B. Data Farm Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2012
Mailing Address 12932 W. Glacier Drive		Amount of Each Disbursement this Period 2250.00 <b>Transaction ID : D463460</b>
City Evansville	State WI	
Zip Code 53536	Purpose of Disbursement Votor File Consulting	Category/ Type 001
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>c. David Scott Stephens</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address 209 North West 17th Street		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : D460376</b>
City Fort Lauderdale	State FL	
Zip Code 33311	Purpose of Disbursement Makeup Artist	Category/ Type 004
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	900.00
<b>TOTAL</b> 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 45 OF 63	
	<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)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gwen Hudson Consulting Services, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2012
Mailing Address 2880W. Oakland Park Blvd. Suite 203		Amount of Each Disbursement this Period 2400.00 <b>Transaction ID : D460374</b>
City Oakland Park	State FL	
Zip Code 33311	Purpose of Disbursement Political Campaign Support	Category/ Type 001
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>B. Gwen Hudson Consulting Services, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2012
Mailing Address 2880W. Oakland Park Blvd. Suite 203		Amount of Each Disbursement this Period 1200.00 <b>Transaction ID : D462803</b>
City Oakland Park	State FL	
Zip Code 33311	Purpose of Disbursement Political Campaign Support	Category/ Type 001
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>C. Ms. ELIZABETH A. KENNEDY</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2012
Mailing Address 914 NORTH O STREET		Amount of Each Disbursement this Period 1921.65 <b>Transaction ID : D462377</b>
City Lake Worth	State FL	
Zip Code 33460	Purpose of Disbursement Payroll	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5521.65
<b>TOTAL</b> 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 46 OF 63	
	<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)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms. ELIZABETH A. KENNEDY</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 914 NORTH O STREET		Amount of Each Disbursement this Period 1921.65 <b>Transaction ID : D459971</b>
City State Zip Code Lake Worth FL 33460	Purpose of Disbursement Payroll 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>B. MityMo Design, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 433 Central Avenue Suite 209		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : D462370</b>
City State Zip Code Saint Petersburg FL 33701	Purpose of Disbursement WebSite People Database 003 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>C. Marcia Monserrat</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012
Mailing Address 1717 N Bayshore Drive, #2444		Amount of Each Disbursement this Period 2268.40 <b>Transaction ID : D462449</b>
City State Zip Code Miami FL 33132	Purpose of Disbursement Payroll 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6190.05
<b>TOTAL</b> 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 47 OF 63		
	<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)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. Marcia Monserrat</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2012
Mailing Address 1717 N Bayshore Drive, #2444		Amount of Each Disbursement this Period 2268.40 <b>Transaction ID : D476079</b>
City Miami	State FL	
Zip Code 33132	Purpose of Disbursement Payroll	Category/ Type 001
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>B. New Partners Consulting, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 30 / 2012
Mailing Address 1250 Eye Street, NW Suite 200		Amount of Each Disbursement this Period 2465.06 <b>Transaction ID : D463461</b>
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Consulting Services	Category/ Type 001
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>c. New Partners Consulting, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2012
Mailing Address 1250 Eye Street, NW Suite 200		Amount of Each Disbursement this Period 4637.55 <b>Transaction ID : D460724</b>
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Consulting Service	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9371.01
<b>TOTAL</b> 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 48 OF 63			
	<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)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. New Partners Consulting, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012	
Mailing Address 1250 Eye Street, NW Suite 200			Amount of Each Disbursement this Period 8920.72	
City Washington	State DC	Zip Code 20005	Transaction ID : <b>D460730</b>	
Purpose of Disbursement Consulting Service		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>B. New Partners Consulting, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012	
Mailing Address 1250 Eye Street, NW Suite 200			Amount of Each Disbursement this Period 12045.95	
City Washington	State DC	Zip Code 20005	Transaction ID : <b>D462110</b>	
Purpose of Disbursement Consulting Services		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>c. NGP Van, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012	
Mailing Address 1101 15th Street, NW Suite 500			Amount of Each Disbursement this Period 27.90	
City Washington	State DC	Zip Code 20005	Transaction ID : <b>D461136</b>	
Purpose of Disbursement Merchant Fees		Category/ Type 003		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20994.57
<b>TOTAL</b> 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 49 OF 63			
	<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)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. NGP Van, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address 1101 15th Street, NW Suite 500		Amount of Each Disbursement this Period 253.50 <b>Transaction ID : D461137</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Merchant Fees 003 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>B. NGP Van, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address 1101 15th Street, NW Suite 500		Amount of Each Disbursement this Period 583.17 <b>Transaction ID : D461139</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Merchant Interchanging Fee 003 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>C. NGP Van, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address 1101 15th Street, NW Suite 500		Amount of Each Disbursement this Period 602.13 <b>Transaction ID : D463542</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Merchant Interchange Fee 003 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1438.80
<b>TOTAL</b> 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 50 OF 63	
	<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)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. NGP Van, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address 1101 15th Street, NW Suite 500		Amount of Each Disbursement this Period 226.00 <b>Transaction ID : D463543</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Merchant Fee 003 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>B. NGP Van, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address 1101 15th Street, NW Suite 500		Amount of Each Disbursement this Period 36.90 <b>Transaction ID : D463544</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Merchant Fee 003 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>c. Ms. Lavette E. Robinson-Willis</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 1444 8th Street		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : D462378</b>
City West Palm Beach State FL Zip Code 33401	Purpose of Disbursement Campaign Staff Per Diem 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2762.90
<b>TOTAL</b> 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 51 OF 63			
	<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)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. RSH Campaigns</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2012
Mailing Address 1824 Swann Street		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : D462369</b>
City Washington	State DC	
Zip Code 20009	Purpose of Disbursement Revisions to Spot	Category/Type 004
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>B. Ms. Taylor E. Smith</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2012
Mailing Address 2448 NE 9th Street		Amount of Each Disbursement this Period 1023.37 <b>Transaction ID : D462451</b>
City Pompano Beach	State FL	
Zip Code 33062	Purpose of Disbursement Payroll	Category/Type 001
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>c. Ms. Taylor E. Smith</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2012
Mailing Address 2448 NE 9th Street		Amount of Each Disbursement this Period 1023.37 <b>Transaction ID : D459974</b>
City Pompano Beach	State FL	
Zip Code 33062	Purpose of Disbursement Payroll	Category/Type 001
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2646.74
<b>TOTAL</b> 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 52 OF 63	
	<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)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. SunTrust Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address P O Box 622227		Amount of Each Disbursement this Period 7.60 <b>Transaction ID : D474136</b>
City Orlando	State FL Zip Code 32862-2227	
Purpose of Disbursement Bank Activity Fee	Category/Type 001	
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>B. SunTrust Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2012
Mailing Address P O Box 622227		Amount of Each Disbursement this Period 55.00 <b>Transaction ID : D474137</b>
City Orlando	State FL Zip Code 32862-2227	
Purpose of Disbursement Bank Analysis Fee	Category/Type 001	
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>c. SunTrust Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2012
Mailing Address P O Box 622227		Amount of Each Disbursement this Period 58.00 <b>Transaction ID : D476037</b>
City Orlando	State FL Zip Code 32862-2227	
Purpose of Disbursement Bank Analysis Fee	Category/Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	120.60
<b>TOTAL</b> 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 53 OF 63		
	<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)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Baughman Company, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012
Mailing Address 1782 Union Street		Amount of Each Disbursement this Period 1584.54 <b>Transaction ID : D456304</b>
City San Francisco State CA Zip Code 94123-8224	Purpose of Disbursement Photographer and Travel 003 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>B. The Baughman Company, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012
Mailing Address 1782 Union Street		Amount of Each Disbursement this Period 14863.95 <b>Transaction ID : D456493</b>
City San Francisco State CA Zip Code 94123-8224	Purpose of Disbursement Production and Postage 003 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>c. Union Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 2321 Pembroke Road		Amount of Each Disbursement this Period 723.98 <b>Transaction ID : D462368</b>
City Hollywood State FL Zip Code 33020	Purpose of Disbursement Printing 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17172.47
<b>TOTAL</b> 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 54 OF 63			
	<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)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012
Mailing Address Internal Revenue Service P O Box 105083		Amount of Each Disbursement this Period 2733.76
City Atlanta	State GA Zip Code 30348-5083	
Purpose of Disbursement 3rd Qtr Payroll Taxes	Category/Type 001	<b>Transaction ID : D462454</b>
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>B. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address Internal Revenue Service P O Box 105083		Amount of Each Disbursement this Period 1772.66
City Atlanta	State GA Zip Code 30348-5083	
Purpose of Disbursement 941 Payroll Taxes 3rd qtr	Category/Type 001	<b>Transaction ID : D460012</b>
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>c. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address Internal Revenue Service P O Box 105083		Amount of Each Disbursement this Period 961.10
City Atlanta	State GA Zip Code 30348-5083	
Purpose of Disbursement 3rd Qtr Payroll Taxes	Category/Type 001	<b>Transaction ID : D462111</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5467.52
<b>TOTAL</b> 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 55 OF 63		
	<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)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ymelda Singh</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 7104 NW 47th Lane		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D461142</b>
City Coconut Creek	State FL	
Zip Code 33073	Purpose of Disbursement Catering Event	Category/ Type 003
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>B. Ymelda Singh</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012
Mailing Address 7104 NW 47th Lane		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D456283</b>
City Coconut Creek	State FL	
Zip Code 33073	Purpose of Disbursement Catering Event 7/15/12	Category/ Type 007
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>C. Marcia Monserrat</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 1717 N Bayshore Drive, #2444		Amount of Each Disbursement this Period 885.61 <b>Transaction ID : D460257</b>
City Miami	State FL	
Zip Code 33132	Purpose of Disbursement Reimbursements	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1385.61
<b>TOTAL</b> 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 56 OF 63			
	<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)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. Broward County Board of Commissioners</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 115 S Andrews Ave Ste 514		Amount of Each Disbursement this Period 253.25
City Fort Lauderdale	State FL	Zip Code 33301-1826
Purpose of Disbursement Medical Insurance	Category/Type 001	
Candidate Name	Transaction ID : D460260	
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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. Broward County Board of Commissioners</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 115 S Andrews Ave Ste 514		Amount of Each Disbursement this Period 253.25
City Fort Lauderdale	State FL	Zip Code 33301-1826
Purpose of Disbursement Medical Insurance	Category/Type 001	
Candidate Name	Transaction ID : D460281	
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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>c. Westin Diplomat Resort</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 3335 S. Ocean Drive		Amount of Each Disbursement this Period 321.48
City Hollywood	State FL	Zip Code 33019
Purpose of Disbursement Lodging	Category/Type 002	
Candidate Name	Transaction ID : D460282	
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:	[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 57 OF 63	
	<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)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. Westin Diplomat Resort</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 3335 S. Ocean Drive		Amount of Each Disbursement this Period 7.63
City Hollywood	State FL	
Zip Code 33019	Purpose of Disbursement Lodging	<b>Transaction ID : D460283</b>
Candidate Name	002 Category/ Type	
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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ronald L Bray</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 1711 S.W. 2nd Ave		Amount of Each Disbursement this Period 50.00
City Pompano Beach	State FL	
Zip Code 33060	Purpose of Disbursement Gas Reimbursement	<b>Transaction ID : D462373</b>
Candidate Name	002 Category/ Type	
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>C.</b>		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	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	99183.70

**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 58 OF 63			
	<input type="checkbox"/> 17 <input checked="" 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				

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Ronald Lee Book</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 2999 NE 191st St PH 6		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : D460255</b>
City Aventura State FL Zip Code 33180-3117	Purpose of Disbursement Refund of Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Darren P Covar Esq</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2012
Mailing Address 10 Fairway Dr Suite 202		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : D462134</b>
City Deerfield Beach State FL Zip Code 33441	Purpose of Disbursement Refund of General Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Ms Fabiana Covar</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2012
Mailing Address 10 Fairway Dr Suite 2211		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : D463630</b>
City Deerfield Beach State FL Zip Code 33441	Purpose of Disbursement Refund of General Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7000.00
<b>TOTAL</b> 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 59 OF 63			
	<input type="checkbox"/> 17 <input checked="" 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				

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. David Ericks</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address 5005 Glonrose Ct.		Amount of Each Disbursement this Period 1000.00
City Tallahassee	State FL Zip Code 32309	
Purpose of Disbursement Refund of Contribution	Category/Type 010	<b>Transaction ID : D460630</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. M Austin Forman</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012
Mailing Address PO Box 292037		Amount of Each Disbursement this Period 2500.00
City Davie	State FL Zip Code 33329-2037	
Purpose of Disbursement Refund of General Contribution	Category/Type 010	<b>Transaction ID : D462144</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. Monte Friedkin</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 741 Ranch Road		Amount of Each Disbursement this Period 2500.00
City Weston	State FL Zip Code 33326	
Purpose of Disbursement Refund of General Contribution	Category/Type 010	<b>Transaction ID : D462376</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6000.00
<b>TOTAL</b> 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 60 OF 63	
	<input type="checkbox"/> 17 <input checked="" 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

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Bernard Klepach</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2012
Mailing Address PO Box 380758		Amount of Each Disbursement this Period 2100.00 <b>Transaction ID : D462132</b>
City Miami	State FL	
Zip Code 33238	Purpose of Disbursement Refund of General Contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Daniel Rojo</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2012
Mailing Address 10 Fairway Dr Suite 2211		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : D463631</b>
City Deerfield Beach	State FL	
Zip Code 33441	Purpose of Disbursement Refund of General Contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Mr. William D Rubin</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2012
Mailing Address 450 East Las Olas Blvd Suite 150		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : D463632</b>
City Ft. Lauderdale	State FL	
Zip Code 33301	Purpose of Disbursement Refund of General Contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5000.00
<b>TOTAL</b> 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 61 OF 63			
	<input type="checkbox"/> 17 <input checked="" 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				

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NAME OF COMMITTEE (In Full)  
**Kristin Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. William D Rubin</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012	
Mailing Address 450 East Las Olas Blvd Suite 150			Amount of Each Disbursement this Period 2100.00	
City Ft. Lauderdale	State FL	Zip Code 33301	Transaction ID : D460254	
Purpose of Disbursement Refund of General Contribution		010 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B.</b>			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				
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:				

Full Name (Last, First, Middle Initial) <b>C.</b>			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				
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2100.00
<b>TOTAL</b> This Period (last page this line number only).....	20100.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Kristin Jacobs for Congress** Transaction ID : L632

**LOAN SOURCE** Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012  
**Ms. Kristin Jacobs PERS FUNDS**  Primary  
 Mailing Address 651 NE 5th Street  General  
 Other (specify) ▼

City State ZIP Code  
 Pompano Beach FL 33060

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6200.00	0.00	6200.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
08 / 16 / 2012	no due date	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]
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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	6200.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	6200.00

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

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):  
Operations Accounts Payable

Mailing Address 1101 15th Street, NW  
Suite 500

City State Zip Code  
Washington DC 20005

Outstanding Balance Beginning This Period  
0.00

Transaction ID : D480151

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
2250.00 0.00 2250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**NGP Van, Inc.**

Nature of Debt (Purpose):  
Operation Accounts Payable

Mailing Address 1101 15th Street, NW  
Suite 500

City State Zip Code  
Washington DC 20005

Outstanding Balance Beginning This Period  
0.00

Transaction ID : D480155

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
150.00 0.00 150.00

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) ▶

2400.00  
2400.00  
6200.00  
8600.00