

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 Nancy Jacobs for Congress

ADDRESS (number and street) 139 N Main Street 201 Weyrich Cronin And Sorra Bel Air MD 21014

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00509216 3. IS THIS REPORT NEW (N) OR AMENDED (A) MD 02

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)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 04/01/2013 through 05/29/2013

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 Lesley Lookingbill

Signature of Treasurer Lesley Lookingbill [Electronically Filed] Date MM/DD/YYYY 05/29/2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only table with 8 columns and 1 row.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Nancy 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))....	100	258750.3
(b) Total Contribution Refunds (from Line 20(d)) .....		1700
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	100	257050.3
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	2108.42	257592.29
(b) Total Offsets to Operating Expenditures (from Line 14).....	500	641.99
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1608.42	256950.3
8. Cash on Hand at Close of Reporting Period (from Line 27).....		
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....		

**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

**Nancy 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).....	100	206360.98
(ii) Unitemized.....		35925.32
(iii) TOTAL of contributions from individuals ▶	100	242286.3
(b) Political Party Committees.....		2125
(c) Other Political Committees (such as PACs).....		14339
(d) The Candidate.....		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	100	258750.3
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>		
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....		
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....		
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	500	641.99
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>		
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	600	259392.29

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2108.42	257592.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans .....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....		1700
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		1700
21. OTHER DISBURSEMENTS .....	100	100
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	2208.42	259392.29

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1608.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	600
25. SUBTOTAL (add Line 23 and Line 24).....	2208.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2208.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	

**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 10
	<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)  
**Nancy Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Lesley Lookingbill**

Mailing Address 726 Carsins Run Rd

City Aberdeen State MD Zip Code 21001

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

Name of Employer Weyrich Cronin & Sorra Occupation CPA

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **243.41**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 22 / 2013**

**Transaction ID : SA11Ai-CN1221**

Amount of Each Receipt this Period  
**100**

**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 M / D 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 M / D 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).....

**100.00**

**100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
	<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)  
**Nancy Jacobs for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Fitzsimmons Communications**

Mailing Address PO Box 353

City Matawan State NJ Zip Code 07747

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**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 17 / 2013**

**Transaction ID : SA14-ER9**

Amount of Each Receipt this Period  
**500**

Expenditure Refund

**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**

**500.00**

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10			
	<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)  
**Nancy Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 04 / 10 / 2013
Mailing Address 249 5th Avenue Suite 30		Amount of Each Disbursement this Period 25.00
City Pittsburgh	State PA Zip Code 15222	
Purpose of Disbursement services p/e 3-31-13	Category/Type 001	<b>Transaction ID : SB17-EX1498</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) General 2012	services p/e 3-31-13
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 05 / 07 / 2013
Mailing Address 249 5th Avenue Suite 30		Amount of Each Disbursement this Period 25.00
City Pittsburgh	State PA Zip Code 15222	
Purpose of Disbursement service charge p/e 4-30-13	Category/Type 001	<b>Transaction ID : SB17-EX1500</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) General 2012	service charge p/e 4-30-13
State: District:		

Full Name (Last, First, Middle Initial) <b>c. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2013
Mailing Address 249 5th Avenue Suite 30		Amount of Each Disbursement this Period 25.00
City Pittsburgh	State PA Zip Code 15222	
Purpose of Disbursement service charges for 5-31-13	Category/Type 001	<b>Transaction ID : SB17-EX1504</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) General 2012	service charges for 5-31-13
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	75.00
<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 8 OF 10	
	<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)  
**Nancy Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. PNC Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2013
Mailing Address 249 5th Avenue Suite 30		Amount of Each Disbursement this Period 623.00
City Pittsburgh	State PA Zip Code 15222	
Purpose of Disbursement service charge pe 6-30-13	Category/Type 001	Transaction ID : SB17-EX1505
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) General 2012	service charge pe 6-30-13
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Maryland Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2013
Mailing Address 95 Cathedral Street		Amount of Each Disbursement this Period 10.48
City Annapolis	State MD Zip Code 21401	
Purpose of Disbursement donation	Category/Type 001	Transaction ID : SB17-EX1506
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) General 2012	donation
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Trailblazer</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2013
Mailing Address 620 Mendelssohn Avenue North Sui		Amount of Each Disbursement this Period 623.00
City Golden Valley	State MN Zip Code 55427	
Purpose of Disbursement 1 month extension of registration	Category/Type 001	Transaction ID : SB17-EX1503
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) General 2012	1 month extension of registration
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	658.48
<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 9 OF 10
	<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)  
**Nancy Jacobs for Congress**

Full Name (Last, First, Middle Initial) <b>A. Weyrich Cronin &amp; Sorra</b>		Date of Disbursement MM / DD / YYYY 04 / 10 / 2013
Mailing Address 139 N Main St 201		Amount of Each Disbursement this Period 800.00
City Bel Air	State MD	Zip Code 21014
Purpose of Disbursement Professional Services	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX1495	
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) General 2012	Professional Services
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Weyrich Cronin &amp; Sorra</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2013
Mailing Address 139 N Main St 201		Amount of Each Disbursement this Period 74.94
City Bel Air	State MD	Zip Code 21014
Purpose of Disbursement reimbursement of postage	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX1501	
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) General 2012	reimbursement of postage
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Weyrich Cronin &amp; Sorra</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2013
Mailing Address 139 N Main St 201		Amount of Each Disbursement this Period 500.00
City Bel Air	State MD	Zip Code 21014
Purpose of Disbursement Prof Services thru 4-30-13	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX1502	
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) General 2012	Prof Services thru 4-30-13
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1374.94
<b>TOTAL</b> This Period (last page this line number only).....	2108.42

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 10	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. ABC's Political Education Program</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 06 / 2013</b>
Mailing Address <b>1220B East Joppa Road Suite 322</b>		Amount of Each Disbursement this Period <b>100.00</b>
City <b>Towson</b> State <b>MD</b> Zip Code <b>21286</b>	Category/ Type <b>012</b>	
Purpose of Disbursement <b>6-18-13 reception</b>		<b>Transaction ID : SB21-EX1499</b>
Candidate Name <b>ABC's Political Education Program</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>General 2012</b>	
		<b>6-18-13 reception</b>

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 _____	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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 _____	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>100.00</b>