

# 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 Treasurer Jacob C. Richter

Signature of Treasurer Treasurer Jacob C. Richter

[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))....	75.00	484664.21
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	20100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	75.00	464564.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	687.14	467754.11
(b) Total Offsets to Operating Expenditures (from Line 14).....	139.82	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	547.32	467754.11
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3135.44	
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).....	9750.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Kristin Jacobs for Congress

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

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2012"/> (date after general election)  through <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)	<input type="text" value="75.00"/>	<input type="text" value="396739.09"/>
(ii) Unitemized	<input type="text" value="0.00"/>	<input type="text" value="39525.12"/>
(iii) Total of contributions from individuals	<input type="text" value="75.00"/>	<input type="text" value="436264.21"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees	<input type="text" value="0.00"/>	<input type="text" value="45900.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 14

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	2500.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
75.00	484664.21	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	6200.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	6200.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
139.82	0.00	139.82
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
214.82	490864.21	139.82

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

Kristin Jacobs for Congress

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

**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
<input type="text" value="687.14"/>	<input type="text" value="467754.11"/>	<input type="text" value="14.48"/>
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="20100.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 14

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	20100.00	0.00
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**21. OTHER DISBURSEMENTS**

0.00	0.00	0.00
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**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

687.14	487854.11	14.48
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

75.00	464564.21	0.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

547.32	467754.11	-125.34
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3607.76
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	214.82
25. SUBTOTAL (add Line 23 and Line 24).....	3822.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	687.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	3135.44

**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 7 OF 14
	<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**

**A.** Full Name (Last, First, Middle Initial)  
**Ms Barbara Powell**

Mailing Address 95 Sparrow Drive

City State Zip Code  
Royal Palm Beach FL 33411

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

Name of Employer Occupation  
Broward County Water Resources Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
25.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 04 / 2012

**Transaction ID : SA11AI.4100**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Richard Rothstein**

Mailing Address 8415 Whispering Woods Court

City State Zip Code  
Lakewood Ranch FL 34202-2276

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

Name of Employer Occupation  
None None

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2012

**Transaction ID : SA11AI.4098**

Amount of Each Receipt this Period  
50.00

**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).....

75.00

75.00

**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 8 OF 14			
	<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)  
**A. Act Blue Technical Services**

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 10 / 04 / 2012

Amount of Each Disbursement this Period 0.99

Transaction ID : SB17.4113

Category/Type 003

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

Mailing Address P O Box 530098

City Atlanta State GA Zip Code 30353-0098

Purpose of Disbursement Cable, Internet & Voice Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement 10 / 16 / 2012

Amount of Each Disbursement this Period 161.33

Transaction ID : SB17.4117

Category/Type 001

Full Name (Last, First, Middle Initial)  
**c. Florida UC Fund**

Mailing Address 5050 W. Tennessee Street

City Tallahassee State FL Zip Code 32399-0180

Purpose of Disbursement Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement 10 / 11 / 2012

Amount of Each Disbursement this Period 108.00

Transaction ID : SB17.4115

Category/Type 001

**SUBTOTAL** of Disbursements This Page (optional)..... 270.32

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14			
	<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</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 1101 15th Street N.W.		Amount of Each Disbursement this Period 9.00
City Washington State DC Zip Code 20005	Purpose of Disbursement Merchant Fee 003 Category/Type	
Candidate Name		Transaction ID : SB17.4119
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</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 1101 15th Street N.W.		Amount of Each Disbursement this Period 292.26
City Washington State DC Zip Code 20005	Purpose of Disbursement Interchange Merchant Fee 003 Category/Type	
Candidate Name		Transaction ID : SB17.4121
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</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 1101 15th Street N.W.		Amount of Each Disbursement this Period 0.03
City Washington State DC Zip Code 20005	Purpose of Disbursement Interchange Merchant Fee 003 Category/Type	
Candidate Name		Transaction ID : SB17.4124
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).....	301.29
<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 10 OF 14		
	<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</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 1101 15th Street N.W.		Amount of Each Disbursement this Period 1.00 <b>Transaction ID : SB17.4125</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Interchange Merchant Discount Fee Candidate Name Category/Type 003	
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</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 1101 15th Street N.W.		Amount of Each Disbursement this Period 95.05 <b>Transaction ID : SB17.4126</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Service Fee Candidate Name Category/Type 003	
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</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address 1101 15th Street N.W.		Amount of Each Disbursement this Period 1.58 <b>Transaction ID : SB17.4130</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Interchange Merchant Fee Candidate Name Category/Type 003	
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).....	97.63
<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 11 OF 14			
	<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</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012		
Mailing Address 1101 15th Street N.W.			Amount of Each Disbursement this Period 2.90		
City Washington	State DC	Zip Code 20005	Transaction ID : SB17.4131		
Purpose of Disbursement Service Fee		003 Category/ Type			
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. SunTrust</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012		
Mailing Address P O Box 622227			Amount of Each Disbursement this Period 5.00		
City Orlando	State FL	Zip Code 32862-2227	Transaction ID : SB17.4122		
Purpose of Disbursement Bank Analysis Fee		001 Category/ Type			
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. SunTrust</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2012		
Mailing Address P O Box 622227			Amount of Each Disbursement this Period 5.00		
City Orlando	State FL	Zip Code 32862-2227	Transaction ID : SB17.4127		
Purpose of Disbursement Bank Analysis Fee		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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).....	12.90
<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 12 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. SunTrust</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012
Mailing Address P O Box 622227		Amount of Each Disbursement this Period 5.00
City Orlando	State FL Zip Code 32862-2227	
Purpose of Disbursement Bank Analysis Fee	Category/Type 001	<b>Transaction ID : SB17.4132</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.</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	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

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

NAME OF COMMITTEE (In Full) **Kristin Jacobs for Congress** Transaction ID : **SC/10.5822**

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

City State ZIP Code  
 Pompano Beach FL 33060

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

**TERMS**

Date Incurred M 08 / D 16 / Y 2012	Date Due M M / D D / Y no due date	Interest Rate 0.00 % (apr)	Secured: <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):  
Debt Due to NGP Van, Inc. for services performed

Mailing Address 1101 15th Street, NW  
Suite 500

City State Zip Code  
Washington DC 20005

Outstanding Balance Beginning This Period

2250.00

Transaction ID : SD10.5824

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2250.00

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

Nature of Debt (Purpose):  
Due to NGP Van, Inc. for services rendered

Mailing Address 1101 15th Street, NW  
Suite 500

City State Zip Code  
Washington DC 20005

Outstanding Balance Beginning This Period

150.00

Transaction ID : SD10.5825

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.00

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

Nature of Debt (Purpose):  
Accounts payable for services rendered

Mailing Address 1101 15th Street, NW  
Suite 500

City State Zip Code  
Washington DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5827

Amount Incurred This Period

1150.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1150.00

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

3550.00

2) **TOTALS** This Period (last page this line number only) ..... ▶

3550.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

6200.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

9750.00