

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5
Jacobsen for Congress

ADDRESS (number and street) 24148 Michigan Ave
 Check if different than previously reported. (ACC) Dearborn MI 48124

2. **FEC IDENTIFICATION NUMBER** ▼ C C00504951 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
MI 12

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
07 / 19 / 2012 through 09 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mrs. Denise E Day
Signature of Treasurer Mrs. Denise E Day *[Electronically Filed]* Date M M / D D / Y Y Y Y
10 / 03 / 2012

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Jacobsen for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	125.00	15200.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	125.00	15200.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	55000.24	114762.01
(b) Total Offsets to Operating Expenditures (from Line 14).....	180.00	180.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	54820.24	114582.01
8. Cash on Hand at Close of Reporting Period (from Line 27).....	617.99	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	100000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Jacobsen for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	2500.00
(ii) Unitemized.....	125.00	1850.00
(iii) TOTAL of contributions from individuals ▶	125.00	4350.00
(b) Political Party Committees.....	0.00	250.00
(c) Other Political Committees (such as PACs).....	0.00	100.00
(d) The Candidate.....	0.00	10500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	125.00	15200.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	100000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	100000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	180.00	180.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	305.00	115380.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	55000.24	114762.01
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	55000.24	114762.01

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	55313.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	305.00
25. SUBTOTAL (add Line 23 and Line 24).....	55618.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	55000.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	617.99

**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 5 OF 19			
	<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)
Jacobsen for Congress

Full Name (Last, First, Middle Initial) A. Charles (Chuck) Eiler		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 400 N. LaSalle 4101		Amount of Each Disbursement this Period 325.00 Transaction ID : SB17.4572
City Chicago State IL Zip Code 60654	Purpose of Disbursement Webmaster 001 Category/Type	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) B. Chase Paymentech		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address PO Box 29534		Amount of Each Disbursement this Period 160.00 Transaction ID : SB17.4575
City Phoenix State AZ Zip Code 85038	Purpose of Disbursement Aug - Sept Bank Fees 001 Category/Type	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) c. Joseph L Daly		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 3855 Queen Oaks Drive		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4522
City Chelsea State MI Zip Code 48118	Purpose of Disbursement Consulting Svc 001 Category/Type	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

SUBTOTAL of Disbursements This Page (optional).....	2985.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 20d	<input type="checkbox"/> 19c 21

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NAME OF COMMITTEE (In Full)
Jacobsen for Congress

Full Name (Last, First, Middle Initial) A. Joseph L Daly		Date of Disbursement MM / DD / YYYY 08 / 13 / 2012
Mailing Address 3855 Queen Oaks Drive		Amount of Each Disbursement this Period 5155.00 Transaction ID : SB17.4557
City Chelsea	State MI	
Purpose of Disbursement July & August Consulting Svc		Category/ Type 001
Candidate Name Jacobsen for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI	District: 12	

Full Name (Last, First, Middle Initial) B. Mrs. Denise E Day		Date of Disbursement MM / DD / YYYY 08 / 31 / 2012
Mailing Address 540 Riviera Shores Drive		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4573
City Holly	State MI	
Purpose of Disbursement Assistant Treasurer Svcs		Category/ Type 001
Candidate Name Jacobsen for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI	District: 12	

Full Name (Last, First, Middle Initial) C. DTE ENERGY		Date of Disbursement MM / DD / YYYY 08 / 13 / 2012
Mailing Address PO BOX 740786		Amount of Each Disbursement this Period 241.80 Transaction ID : SB17.4570
City CINCINNATI	State OH	
Purpose of Disbursement Office Utility Expense		Category/ Type 001
Candidate Name Jacobsen for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI	District: 12	

SUBTOTAL of Disbursements This Page (optional).....	6396.80
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 7 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Jacobsen for Congress

Full Name (Last, First, Middle Initial) A. Alexander Edwards		Date of Disbursement MM / DD / YYYY 07 / 19 / 2012
Mailing Address 505 Fort Dearborn St		Amount of Each Disbursement this Period 205.80 Transaction ID : SB17.4523
City Dearborn	State MI Zip Code 48124	
Purpose of Disbursement Campaign Help	Category/Type 001	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MI District: 12	

Full Name (Last, First, Middle Initial) B. Alexander Edwards		Date of Disbursement MM / DD / YYYY 07 / 26 / 2012
Mailing Address 505 Fort Dearborn St		Amount of Each Disbursement this Period 248.40 Transaction ID : SB17.4541
City Dearborn	State MI Zip Code 48124	
Purpose of Disbursement Campaign Help	Category/Type 001	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MI District: 12	

Full Name (Last, First, Middle Initial) c. Alexander Edwards		Date of Disbursement MM / DD / YYYY 08 / 02 / 2012
Mailing Address 505 Fort Dearborn St		Amount of Each Disbursement this Period 241.80 Transaction ID : SB17.4554
City Dearborn	State MI Zip Code 48124	
Purpose of Disbursement Campaign Help	Category/Type 001	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MI District: 12	

SUBTOTAL of Disbursements This Page (optional).....	696.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Jacobsen for Congress

Full Name (Last, First, Middle Initial) A. Alexander Edwards		Date of Disbursement MM / DD / YYYY 08 / 13 / 2012
Mailing Address 505 Fort Dearborn St		Amount of Each Disbursement this Period 280.00 Transaction ID : SB17.4558
City Dearborn	State MI Zip Code 48124	
Purpose of Disbursement Campaign Help	001	Category/ Type
Candidate Name Jacobsen for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) B. Joseph Edwards		Date of Disbursement MM / DD / YYYY 07 / 19 / 2012
Mailing Address 505 Fort Dearborn St		Amount of Each Disbursement this Period 205.80 Transaction ID : SB17.4526
City Dearborn	State MI Zip Code 48124	
Purpose of Disbursement Campaign Help	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) c. Joseph Edwards		Date of Disbursement MM / DD / YYYY 07 / 26 / 2012
Mailing Address 505 Fort Dearborn St		Amount of Each Disbursement this Period 248.40 Transaction ID : SB17.4542
City Dearborn	State MI Zip Code 48124	
Purpose of Disbursement Campaign Help	001	Category/ Type
Candidate Name Jacobsen for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

SUBTOTAL of Disbursements This Page (optional).....	734.20
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 19
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Jacobsen for Congress

Full Name (Last, First, Middle Initial) A. Joseph Edwards		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address 505 Fort Dearborn St		Amount of Each Disbursement this Period 241.80 Transaction ID : SB17.4553
City Dearborn State MI Zip Code 48124	Purpose of Disbursement Campaign Help 001 Category/Type	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) B. Joseph Edwards		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 505 Fort Dearborn St		Amount of Each Disbursement this Period 280.00 Transaction ID : SB17.4559
City Dearborn State MI Zip Code 48124	Purpose of Disbursement Campaign Help 001 Category/Type	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) c. Estate of Joann Calvas or Metaxas & Associates		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 24626 Oxford		Amount of Each Disbursement this Period 1225.00 Transaction ID : SB17.4528
City Dearborn State MI Zip Code 48124	Purpose of Disbursement Office Lease Payable to the Estate of Joann Calvas or Metaxas & Associates 001 Category/Type	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

SUBTOTAL of Disbursements This Page (optional).....	1746.80
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
Jacobsen for Congress

Full Name (Last, First, Middle Initial) A. Esate of Joann Calvas or Metaxas & Associates		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 24626 Oxford		Amount of Each Disbursement this Period 1225.00 Transaction ID : SB17.4560
City Dearborn State MI Zip Code 48124	Purpose of Disbursement Office Lease 001 Category/Type	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) B. Mr. Alexander J Franz		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 24496 Conifer, Apt 202		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.4529
City Farmington Hills State MI Zip Code 48335	Purpose of Disbursement Campaign Help 001 Category/Type	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) c. Mr. James E Hood		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 1980 Stonebridge Drive North		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4530
City Ann Arbor State MI Zip Code 48108	Purpose of Disbursement Consulting Svc 001 Category/Type	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

SUBTOTAL of Disbursements This Page (optional).....	3825.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Jacobsen for Congress

Full Name (Last, First, Middle Initial) A. Mr. James E Hood		Date of Disbursement MM / DD / YYYY 08 / 13 / 2012
Mailing Address 1980 Stonebridge Drive North		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4564
City Ann Arbor State MI Zip Code 48108	Purpose of Disbursement Consulting Svc 001 Category/Type	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) B. Impact Media Professional LLC		Date of Disbursement MM / DD / YYYY 07 / 26 / 2012
Mailing Address 23715 Nilan Drive		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4545
City Novi State MI Zip Code 48375	Purpose of Disbursement Fundraising Mailers 003 Category/Type	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) C. Mrs. Karen E Jacobsen		Date of Disbursement MM / DD / YYYY 07 / 19 / 2012
Mailing Address 865 S Highland		Amount of Each Disbursement this Period 937.39 Transaction ID : SB17.4531
City Dearborn State MI Zip Code 48124	Purpose of Disbursement Reimburse the cost of voters lists, Change the new office locks 001 Category/Type	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

SUBTOTAL of Disbursements This Page (optional).....	10937.39
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 12 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Jacobsen for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Karen E Jacobsen		Date of Disbursement MM / DD / YYYY 08 / 13 / 2012
Mailing Address 865 S Highland		Amount of Each Disbursement this Period 1136.60 Transaction ID : SB17.4565
City Dearborn State MI Zip Code 48124	Purpose of Disbursement Reimburse Cost of Yard Signs Category/Type 004	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) B. Andrea Kay Liley		Date of Disbursement MM / DD / YYYY 07 / 19 / 2012
Mailing Address 1364 East Fairview Lane		Amount of Each Disbursement this Period 240.00 Transaction ID : SB17.4532
City Rochester Hills State MI Zip Code 48306	Purpose of Disbursement Campaign Help Category/Type 001	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) c. Andrea Kay Liley		Date of Disbursement MM / DD / YYYY 08 / 02 / 2012
Mailing Address 1364 East Fairview Lane		Amount of Each Disbursement this Period 355.00 Transaction ID : SB17.4555
City Rochester Hills State MI Zip Code 48306	Purpose of Disbursement Campaign Help Category/Type 001	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

SUBTOTAL of Disbursements This Page (optional).....	1731.60
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 13 OF 19
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Jacobsen for Congress

Full Name (Last, First, Middle Initial) A. Andrea Kay Liley		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 1364 East Fairview Lane		Amount of Each Disbursement this Period 740.00 Transaction ID : SB17.4566
City Rochester Hills State MI Zip Code 48306	Purpose of Disbursement Campaign Help 001 Category/Type	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) B. Saturn Printing & Marketing		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012
Mailing Address 35175 Plymouth		Amount of Each Disbursement this Period 560.04 Transaction ID : SB17.4548
City Livonia State MI Zip Code 48150	Purpose of Disbursement Donation Forms 006 Category/Type	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) c. Saturn Printing & Marketing		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 35175 Plymouth		Amount of Each Disbursement this Period 504.83 Transaction ID : SB17.4550
City Livonia State MI Zip Code 48150	Purpose of Disbursement Absentee Voter Postcard 006 Category/Type	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

SUBTOTAL of Disbursements This Page (optional).....	1804.83
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 14 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Jacobsen for Congress

Full Name (Last, First, Middle Initial) A. Saturn Printing & Marketing		Date of Disbursement MM / DD / YYYY 08 / 02 / 2012
Mailing Address 35175 Plymouth		Amount of Each Disbursement this Period 7422.35 Transaction ID : SB17.4556
City Livonia State MI Zip Code 48150	Purpose of Disbursement Poll Voting Postcards Category/Type 005	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) B. Chelsea Lynn Spaulding		Date of Disbursement MM / DD / YYYY 07 / 19 / 2012
Mailing Address 8204 Deadstream Road		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4534
City Honor State MI Zip Code 49640	Purpose of Disbursement Campaign Help Category/Type 001	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) c. Chelsea Lynn Spaulding		Date of Disbursement MM / DD / YYYY 07 / 26 / 2012
Mailing Address 8204 Deadstream Road		Amount of Each Disbursement this Period 449.80 Transaction ID : SB17.4539
City Honor State MI Zip Code 49640	Purpose of Disbursement Campaign Help Category/Type 001	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....	8122.15
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 15 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Jacobsen for Congress

Full Name (Last, First, Middle Initial) A. Chelsea Lynn Spaulding		Date of Disbursement MM / DD / YYYY 08 / 02 / 2012
Mailing Address 8204 Deadstream Road		Amount of Each Disbursement this Period 446.05 Transaction ID : SB17.4551
City Honor MI	State Zip Code MI 49640	
Purpose of Disbursement Campaign Help	Category/Type 001	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MI District: 12	

Full Name (Last, First, Middle Initial) B. Chelsea Lynn Spaulding		Date of Disbursement MM / DD / YYYY 08 / 13 / 2012
Mailing Address 8204 Deadstream Road		Amount of Each Disbursement this Period 557.50 Transaction ID : SB17.4567
City Honor MI	State Zip Code MI 49640	
Purpose of Disbursement Campaign Help	Category/Type 001	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MI District: 12	

Full Name (Last, First, Middle Initial) c. Cole Spaulding		Date of Disbursement MM / DD / YYYY 07 / 19 / 2012
Mailing Address 8204 Deadstream Road		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4536
City Honor MI	State Zip Code MI 49640	
Purpose of Disbursement Campaign Help	Category/Type 001	
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MI District: 12	

SUBTOTAL of Disbursements This Page (optional).....	1753.55
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 16 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Jacobsen for Congress

Full Name (Last, First, Middle Initial) A. Cole Spaulding		Date of Disbursement MM / DD / YYYY 07 / 26 / 2012
Mailing Address 8204 Deadstream Road		Amount of Each Disbursement this Period 449.80 Transaction ID : SB17.4540
City Honor MI 49640	State Zip Code MI 49640	
Purpose of Disbursement Campaign Help	001 Category/ Type	
Candidate Name Jacobsen for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) B. Cole Spaulding		Date of Disbursement MM / DD / YYYY 08 / 02 / 2012
Mailing Address 8204 Deadstream Road		Amount of Each Disbursement this Period 423.55 Transaction ID : SB17.4552
City Honor MI 49640	State Zip Code MI 49640	
Purpose of Disbursement Campaign Help	001 Category/ Type	
Candidate Name Jacobsen for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

Full Name (Last, First, Middle Initial) c. Cole Spaulding		Date of Disbursement MM / DD / YYYY 08 / 13 / 2012
Mailing Address 8204 Deadstream Road		Amount of Each Disbursement this Period 490.00 Transaction ID : SB17.4568
City Honor MI 49640	State Zip Code MI 49640	
Purpose of Disbursement Campaign Help	001 Category/ Type	
Candidate Name Jacobsen for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 12		

SUBTOTAL of Disbursements This Page (optional).....	1363.35
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 17 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jacobsen for Congress

Full Name (Last, First, Middle Initial) A. Michael Stroud		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 1120 Greenleaf		Amount of Each Disbursement this Period 2559.25 Transaction ID : SB17.4538
City Royal Oak	State MI	
Zip Code 48067	Purpose of Disbursement Consulting Svc	Category/ Type 001
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MI District: 12	

Full Name (Last, First, Middle Initial) B. Michael Stroud		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 1120 Greenleaf		Amount of Each Disbursement this Period 10231.78 Transaction ID : SB17.4569
City Royal Oak	State MI	
Zip Code 48067	Purpose of Disbursement Consulting Svc	Category/ Type 001
Candidate Name Jacobsen for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MI District: 12	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	12791.03
TOTAL This Period (last page this line number only).....	54887.74

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Jacobsen for Congress

Transaction ID : SC/10.4280

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

[PERSONAL FUNDS]

Election: 2012

Mrs. Karen E Jacobsen

Primary

General

Other (specify) ▼

Mailing Address
865 S Highland

City State ZIP Code
Dearborn MI 48124

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

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
03 / 13 / 2012

M M / D D / Y Y Y Y
13 / 13 / 2012

M M / D D / Y Y Y Y
None

M M / D D / Y Y Y Y
None

M M / D D / Y Y Y Y
None

M M / D D / Y Y Y Y
None

0.00 % (apr)

Yes 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: []

SUBTOTALS This Period This Page (optional)..... ▶ 50000.00

TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Jacobsen for Congress

Transaction ID : SC/10.4304

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

Mrs. Karen E Jacobsen

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
865 S Highland

City State ZIP Code
Dearborn MI 48124

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

TERMS

Date Incurred: M 06 / D 29 / Y 2012
 Date Due: M / D / Y None
 Interest Rate: 0.00 % (apr)
 Secured: Yes 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: []

SUBTOTALS This Period This Page (optional).....	50000.00
TOTALS This Period (last page in this line only).....	100000.00

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