

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

JACOB 2018

ADDRESS (number and street)

P.O. Box 98

Check if different than previously reported. (ACC)

Pluckemin

NJ

07083

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00595694

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

NJ

07

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 2017

through

M M /

D D /

Y Y Y Y 2017

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

jacob, peter, , ,

Signature of Treasurer

jacob, peter, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
JACOB 2018

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))....	24216.86	85553.41
(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)).....	24216.86	85553.41
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15533.28	87914.25
(b) Total Offsets to Operating Expenditures (from Line 14).....	4539.72	4539.72
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	10993.56	83374.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	27330.88	
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).....	10000.00	

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 05/2016)

Write or Type Committee Name

JACOB 2018

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).....	14461.00	46812.00
(ii) Unitemized	9755.86	38491.41
(iii) TOTAL of contributions from individuals	24216.86	85303.41
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	250.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	24216.86	85553.41
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	10000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	10000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	4539.72	4539.72
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).....	28756.58	100093.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 34

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15533.28	87914.25
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	185.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	185.00
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) ►	15533.28	88099.25

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	14107.58
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	28756.58
25. SUBTOTAL (add Line 23 and Line 24).....	42864.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15533.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	27330.88

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

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)
JACOB 2018

A. Full Name (Last, First, Middle Initial)
Abraham, Davis, , ,

Mailing Address 44 Dehaven Dr
Apt 2D

City Yonkers State NY Zip Code 10703-1230

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

Name of Employer Mastercard Occupation Philanthropy

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 18 / 2017

Transaction ID : VTR26AMENZ7

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Abraham, Davis, , ,

Mailing Address 44 Dehaven Dr
Apt 2D

City Yonkers State NY Zip Code 10703-1230

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

Name of Employer Mastercard Occupation Philanthropy

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 18 / 2017

Transaction ID : VTR26AMEP13

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Abraham, Davis, , ,

Mailing Address 44 Dehaven Dr
Apt 2D

City Yonkers State NY Zip Code 10703-1230

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

Name of Employer Mastercard Occupation Philanthropy

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 18 / 2017

Transaction ID : VTR26BPAVH1

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL 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: PAGE 6 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JACOB 2018

A. Full Name (Last, First, Middle Initial)
Abraham, Davis, , ,

Mailing Address 44 Dehaven Dr
Apt 2D

City Yonkers State NY Zip Code 10703-1230

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

Name of Employer Mastercard Occupation Philanthropy

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2017

Transaction ID : **VTR26BPB0E6**

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Abraham, Davis, , ,

Mailing Address 44 Dehaven Dr
Apt 2D

City Yonkers State NY Zip Code 10703-1230

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

Name of Employer Mastercard Occupation Philanthropy

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2017

Transaction ID : **VTR26BZ92G2**

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Abraham, Davis, , ,

Mailing Address 44 Dehaven Dr
Apt 2D

City Yonkers State NY Zip Code 10703-1230

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

Name of Employer Mastercard Occupation Philanthropy

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2017

Transaction ID : **VTR26BZCBX5**

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

TOTAL 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: PAGE 7 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JACOB 2018

A. Full Name (Last, First, Middle Initial)
Alaimo, Terry, , ,

Mailing Address 9n. Mountain ave.

City Montclair State NJ Zip Code 07042

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

Name of Employer NYSNA Occupation Program rep

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 05 / 2017

Transaction ID : **VTR26BZHDC7**

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4144.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2017

Transaction ID : **VTR26BZHDC7E**

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Bansal, Anil, , ,

Mailing Address 10 Wittig Ter

City Wayne State NJ Zip Code 07470-8212

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

Name of Employer Occupation Executive
First National Corporation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2017

Transaction ID : **VTR26BY6AC1**

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

TOTAL 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 8 OF 34	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JACOB 2018

A. Full Name (Last, First, Middle Initial)
Cafagna, Francesco, , ,

Mailing Address 518 W 111th St
Apt 25

City New York	State NY	Zip Code 10025-1924
------------------	-------------	------------------------

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

Name of Employer Moore Capital Mgt	Occupation Hedge Fund Manager
---------------------------------------	----------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼	500.00
--------------------------	--------

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : VTR26AWSEB0

Amount of Each Receipt this Period

500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Campbell, Hugh, , ,

Mailing Address 347 Wayne Ter

City Union	State NJ	Zip Code 07083-9120
---------------	-------------	------------------------

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

Name of Employer Hugh J Campbell, Jr. CPA, PA	Occupation Consultant
--	--------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼	400.00
--------------------------	--------

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2017

Transaction ID : VTR26BX7AF9

Amount of Each Receipt this Period

100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Campbell, Hugh, , ,

Mailing Address 347 Wayne Ter

City Union	State NJ	Zip Code 07083-9120
---------------	-------------	------------------------

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

Name of Employer Hugh J Campbell, Jr. CPA, PA	Occupation Consultant
--	--------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼	500.00
--------------------------	--------

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

Transaction ID : VTR26CDGQP7

Amount of Each Receipt this Period

100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL 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: PAGE 9 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JACOB 2018

A. Full Name (Last, First, Middle Initial)
Carpenter, Kimberly, , ,
 Mailing Address 11 Mali Dr
 City North Plainfield State NJ Zip Code 07062-2354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Consultant
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2017
Transaction ID : VTR26C0JZZ4
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Chopra, Rajeev, , ,
 Mailing Address 2115 N California Ave Ste 1
 City Chicago State IL Zip Code 60647-3901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The MIS Department, Inc. Occupation President
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2017
Transaction ID : VTR26BDHXS6
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Chopra, Rajeev, , ,
 Mailing Address 2115 N California Ave Ste 1
 City Chicago State IL Zip Code 60647-3901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The MIS Department, Inc. Occupation President
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2017
Transaction ID : VTR26BPQWR0
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL 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: PAGE 10 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JACOB 2018

A. Full Name (Last, First, Middle Initial)
Chopra, Rajeev, , ,

Mailing Address 2115 N California Ave
Ste 1

City Chicago State IL Zip Code 60647-3901

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

Name of Employer The MIS Department, Inc. Occupation President

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 25 / 2017

Transaction ID : **VTR26C007Z1**

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Curtis, Christine, , ,

Mailing Address 2403 E 5th St

City Tucson State AZ Zip Code 85719-5212

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

Name of Employer Southside Community School Occupation Public school administrator

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 25 / 2017

Transaction ID : **VTR26BKEXF2**

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4144.08

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 01 / 2017

Transaction ID : **VTR26BKEXF2E**

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶ 300.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JACOB 2018

A. Full Name (Last, First, Middle Initial)
Forbes, Courtney, , ,
 Mailing Address 1515 Compton Ter
 City Hillside State NJ Zip Code 07205-1540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Home Depot Occupation Clerical
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2017
Transaction ID : VTR26BZWT56
 Amount of Each Receipt this Period
 550.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Glor, Gary, , ,
 Mailing Address 676 Lexington Rd
 City Union State NJ Zip Code 07083-9113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer D3 Marketing Occupation Administration
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 185.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2017
Transaction ID : VTR26BKPCF1
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Glor, Gary, , ,
 Mailing Address 676 Lexington Rd
 City Union State NJ Zip Code 07083-9113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer D3 Marketing Occupation Administration
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 235.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : VTR26BZ0B84
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JACOB 2018

A. Full Name (Last, First, Middle Initial)
Grewal, Brij, , ,
 Mailing Address 214 E 51st St
 City New York State NY Zip Code 10022-6503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RBC Occupation Banker
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2017
Transaction ID : VTR26AWGD74
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Klein, Sanford, , ,
 Mailing Address 863 Sunset Rdg
 City Bridgewater State NJ Zip Code 08807-1323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation dentist
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2017
Transaction ID : VTR26BY2E38
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Kofman, Boris, , ,
 Mailing Address 28 Riverside Ave
 Apt 8M
 City Red Bank State NJ Zip Code 07701-1054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nokia Occupation Engineer
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2017
Transaction ID : VTR26BJ36W0
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
TOTAL 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: PAGE 13 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JACOB 2018

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

Mailing Address 5 Ironia Rd
Chester Twsp

City Flanders State NJ Zip Code 07836-9124

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

Name of Employer Self Employed - Heartland Remodeling Occupation Contractor

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
247.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2017

Transaction ID : **VTR26BZNKZO**

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 5 Ironia Rd
Chester Twsp

City Flanders State NJ Zip Code 07836-9124

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

Name of Employer Self Employed - Heartland Remodeling Occupation Contractor

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
297.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2017

Transaction ID : **VTR26C0SZ54**

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Marks, Donald, , ,

Mailing Address 90 Adamic Hill Rd

City Milford State NJ Zip Code 08848-1716

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

Name of Employer Kean University Occupation Psychologist

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2017

Transaction ID : **VTR26BJ3719**

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

TOTAL 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: PAGE 14 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JACOB 2018

A. Full Name (Last, First, Middle Initial)
Mayo, Courtney, , ,
Mailing Address 6 Crescent Pl
City Cranford State NJ Zip Code 07016-1805
FEC ID number of contributing federal political committee. **C**
Name of Employer Oath Occupation Project Manager
Receipt For: 2018
 Primary General
 Other (specify) ▼ Election Cycle-to-Date 125.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 15 / 2017
Transaction ID : **VTR26BKP9Y4**
Amount of Each Receipt this Period
25.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Mayo, Courtney, , ,
Mailing Address 6 Crescent Pl
City Cranford State NJ Zip Code 07016-1805
FEC ID number of contributing federal political committee. **C**
Name of Employer Oath Occupation Project Manager
Receipt For: 2018
 Primary General
 Other (specify) ▼ Election Cycle-to-Date 225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2017
Transaction ID : **VTR26BX4X82**
Amount of Each Receipt this Period
100.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
McBride, James, , ,
Mailing Address 73 S Main St
City Lambertville State NJ Zip Code 08530-1826
FEC ID number of contributing federal political committee. **C**
Name of Employer Jadel Publishing Inc. Occupation Writer
Receipt For: 2018
 Primary General
 Other (specify) ▼ Election Cycle-to-Date 450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 08 / 2017
Transaction ID : **VTR26BHYD02**
Amount of Each Receipt this Period
100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
TOTAL 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 15 OF 34	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JACOB 2018

A. Full Name (Last, First, Middle Initial)
McMillen, Curtis, , ,

Mailing Address 1416 W Olive Ave
1

City Chicago	State IL	Zip Code 60660-4229
-----------------	-------------	------------------------

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

Name of Employer University of Chicago	Occupation Social Work / Professor
---	---------------------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 16 / 2017

Transaction ID : VTR26BMVFB7

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mekitarian, Ruth Ann, , ,

Mailing Address 19 Burning Tree Ln

City Lawrence Township	State NJ	Zip Code 08648-3105
---------------------------	-------------	------------------------

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

Name of Employer n/a	Occupation Retired
-------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
850.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : VTR26CDGQR3

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Nissenbaum, Gary, , ,

Mailing Address 2400 Morris Ave

City Union	State NJ	Zip Code 07083-5744
---------------	-------------	------------------------

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

Name of Employer Nissenbaum Law Group	Occupation Attorney
--	------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 22 / 2017

Transaction ID : VTR26BZZ3Q0

Amount of Each Receipt this Period
2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	3050.00
TOTAL 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: PAGE 16 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JACOB 2018

A. Full Name (Last, First, Middle Initial)
Parsons, Joseph, , ,

Mailing Address 44 Wellington Ave

City Short Hills State NJ Zip Code 07078-3309

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

Name of Employer retired Occupation retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2017

Transaction ID : **VTR26CDGQQ5**

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Paulose, Saju, , ,

Mailing Address 7 Candlewick Dr

City Towaco State NJ Zip Code 07082-1259

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

Name of Employer NJ Transit Occupation NJ Transit Contractor

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2017

Transaction ID : **VTR26AG1QX3**

Amount of Each Receipt this Period
 2500.00

Memo Item

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

Mailing Address 222 Jackson St Apt 3

City Hoboken State NJ Zip Code 07030-6880

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

Name of Employer TPM Consulting, LLC Occupation Consultant

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2017

Transaction ID : **VTR26BZM784**

Amount of Each Receipt this Period
 5.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3505.00

TOTAL 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: PAGE 17 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JACOB 2018

A. Full Name (Last, First, Middle Initial)
Rothfelder, Martin, , ,
 Mailing Address 585 Westfield Ave
 City Westfield State NJ Zip Code 07090-3300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rothfelder, Stein, LLC Occupation Attorney
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2017
Transaction ID : VTR26BZZ3P2
 Amount of Each Receipt this Period
 1500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Schachter, Michael, , ,
 Mailing Address 22 Stonegate Dr
 City Watchung State NJ Zip Code 07069-5443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Remax Premier Occupation Realtor
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 560.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2017
Transaction ID : VTR26AXQZY8
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Tashjian, Daniel, , ,
 Mailing Address 309 Van Winkle St
 City East Rutherford State NJ Zip Code 07073-1932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tapad Occupation Computer programmer
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 235.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2017
Transaction ID : VTR26BKFNV9
 Amount of Each Receipt this Period
 27.00
 Memo Item
 * Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶ 1627.00
TOTAL 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: PAGE 18 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JACOB 2018

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4144.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2017

Transaction ID : **VTR26BKFNV9E**

Amount of Each Receipt this Period
27.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Tashjian, Daniel, , ,

Mailing Address 309 Van Winkle St

City East Rutherford State NJ Zip Code 07073-1932

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

Name of Employer Occupation
Tapad Computer programmer

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
262.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2017

Transaction ID : **VTR26BZHA06**

Amount of Each Receipt this Period
27.00

Memo Item

* Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4144.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2017

Transaction ID : **VTR26BZHA06E**

Amount of Each Receipt this Period
27.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ▶ 27.00

TOTAL 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: PAGE 19 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JACOB 2018

A. Full Name (Last, First, Middle Initial)
Tashjian, Daniel, , ,

Mailing Address 309 Van Winkle St

City East Rutherford State NJ Zip Code 07073-1932

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

Name of Employer Tapad Occupation Computer programmer

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 289.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2017

Transaction ID : **VTR26CDGTY7**

Amount of Each Receipt this Period
 _____ 27.00

Memo Item

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer _____ Occupation Conduit total listed in Agg. field

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 4144.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2017

Transaction ID : **VTR26CDGTY7E**

Amount of Each Receipt this Period
 _____ 27.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Trapani, John, , ,

Mailing Address 687 Richfield Ave

City Kenilworth State NJ Zip Code 07033-1816

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

Name of Employer Fitch Ratings Occupation Managing Director

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 08 / 2017

Transaction ID : **VTR26BHXCX0**

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 127.00

TOTAL 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: PAGE 20 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JACOB 2018

A. Full Name (Last, First, Middle Initial)
Vimadalal, Hrishikesh, , ,

Mailing Address 180 Grandview Ave

City Edison State NJ Zip Code 08837-2739

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

Name of Employer Qualcomm Inc. Occupation Engineer

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2017

Transaction ID : **VTR26BYJGA3**

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Weiland, Herb, , ,

Mailing Address 102 Mount Grove Rd

City Califon State NJ Zip Code 07830-4213

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

Name of Employer Retired Occupation Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2017

Transaction ID : **VTR26BPAC95**

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Weiland, Herb, , ,

Mailing Address 102 Mount Grove Rd

City Califon State NJ Zip Code 07830-4213

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

Name of Employer Retired Occupation Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2017

Transaction ID : **VTR26BPJGB3**

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 350.00

TOTAL 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: PAGE 21 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JACOB 2018

A. Full Name (Last, First, Middle Initial)
Weiland, Herb, , ,

Mailing Address 102 Mount Grove Rd

City: Califon State: NJ Zip Code: 07830-4213

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2017

Transaction ID : **VTR26BPVGF4**

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Weiland, Herb, , ,

Mailing Address 102 Mount Grove Rd

City: Califon State: NJ Zip Code: 07830-4213

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2017

Transaction ID : **VTR26BX33X3**

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Weiland, Herb, , ,

Mailing Address 102 Mount Grove Rd

City: Califon State: NJ Zip Code: 07830-4213

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2017

Transaction ID : **VTR26BY3K27**

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

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

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

_____ 150.00

**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 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JACOB 2018

A. Full Name (Last, First, Middle Initial)
Weiland, Herb, , ,

Mailing Address 102 Mount Grove Rd

City State Zip Code
Califon NJ 07830-4213

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

Name of Employer Occupation
Retired Retired

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 15 2017

Transaction ID : VTR26BZ15N3

Amount of Each Receipt this Period
100.00

Memo Item

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

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	14461.00

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 34	
<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)
JACOB 2018

A. Full Name (Last, First, Middle Initial)
Regus Management Group LLC

Mailing Address PO Box 84256

City Dallas	State TX	Zip Code 75284-0001
----------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4396.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2017

Transaction ID : VTR26CKSS42

Amount of Each Receipt this Period
4396.00

Memo Item

security deposit 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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	4396.00
TOTAL This Period (last page this line number only)..... ▶	4396.00

**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 24 OF 34			
	<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)
JACOB 2018

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2017
Mailing Address PO Box 382110			FEC Identification Number C
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Disbursement this Period 1.41
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 003	Transaction ID : VTQ2Y9PWSC4
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2017
Mailing Address PO Box 382110			FEC Identification Number C
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Disbursement this Period 1.22
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 003	Transaction ID : VTQ2Y9PWSG5
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2017
Mailing Address PO Box 382110			FEC Identification Number C
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Disbursement this Period 68.70
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 003	Transaction ID : VTQ2Y9PWSF7
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	71.33
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 25 OF 34			
	<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)
JACOB 2018

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2017		
Mailing Address PO Box 382110			FEC Identification Number C		
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Disbursement this Period 10.54		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 003	Transaction ID : VTQ2Y9PWSH3		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2017		
Mailing Address PO Box 382110			FEC Identification Number C		
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Disbursement this Period 8.73		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 003	Transaction ID : VTQ2Y9PWSK9		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2017		
Mailing Address PO Box 382110			FEC Identification Number C		
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Disbursement this Period 6.83		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 003	Transaction ID : VTQ2Y9PWSN5		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....▶	26.10
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 26 OF 34	
	<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)
JACOB 2018

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2017	
Mailing Address PO Box 382110			FEC Identification Number C	
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Disbursement this Period 7.99	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 003	Transaction ID : VTQ2Y9PWSQ0	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2017	
Mailing Address PO Box 382110			FEC Identification Number C	
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Disbursement this Period 2.08	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 003	Transaction ID : VTQ2Y9PWSR8	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2017	
Mailing Address PO Box 382110			FEC Identification Number C	
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Disbursement this Period 5.92	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 003	Transaction ID : VTQ2Y9PWSV2	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	15.99
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 27 OF 34			
	<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)
JACOB 2018

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2017		
Mailing Address PO Box 382110			FEC Identification Number C		
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Disbursement this Period 14.16		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 003	Transaction ID : VTQ2Y9PWSX8		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2017		
Mailing Address PO Box 382110			FEC Identification Number C		
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Disbursement this Period 6.63		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 003	Transaction ID : VTQ2Y9PWSZ4		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2017		
Mailing Address PO Box 382110			FEC Identification Number C		
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Disbursement this Period 9.47		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 003	Transaction ID : VTQ2Y9PWT02		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....▶	30.26
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 28 OF 34	
	<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)
JACOB 2018

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2017
Mailing Address PO Box 382110		FEC Identification Number C
City Cambridge	State MA	Zip Code 02238-2110
Purpose of Disbursement Credit Card Processing Fee	Category/ Type 003	
Candidate Name		Amount of Each Disbursement this Period 2.86
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. DeAlessi Enterprises, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2017
Mailing Address 2 Kiel Ave Unit 195		FEC Identification Number C
City Kinnelon	State NJ	Zip Code 07405-2572
Purpose of Disbursement Reimbursement - Office Rent	Category/ Type	
Candidate Name		Amount of Each Disbursement this Period 1323.27
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. DeAlessi Enterprises, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2017
Mailing Address 2 Kiel Ave Unit 195		FEC Identification Number C
City Kinnelon	State NJ	Zip Code 07405-2572
Purpose of Disbursement Finance/Compliance Consulting	Category/ Type	
Candidate Name		Amount of Each Disbursement this Period 1250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2576.13
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 29 OF 34	
	<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)
JACOB 2018

Full Name (Last, First, Middle Initial) A. DeAlessi Enterprises, Inc.			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2017	
Mailing Address 2 Kiel Ave Unit 195			FEC Identification Number C	
City Kinnelon	State NJ	Zip Code 07405-2572		
Purpose of Disbursement Digital Communications Consulting			Transaction ID : VTQ2Y9JG9Z5	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. DeAlessi Enterprises, Inc.			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2017	
Mailing Address 2 Kiel Ave Unit 195			FEC Identification Number C	
City Kinnelon	State NJ	Zip Code 07405-2572		
Purpose of Disbursement Reimbursement - Office Rent			Transaction ID : VTQ2Y9KYS56	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. DeAlessi Enterprises, Inc.			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2017	
Mailing Address 2 Kiel Ave Unit 195			FEC Identification Number C	
City Kinnelon	State NJ	Zip Code 07405-2572		
Purpose of Disbursement Reimbursement - Software Subscriptions			Transaction ID : VTQ2Y9PVPM3	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	8990.71
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 30 OF 34	
	<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)
JACOB 2018

Full Name (Last, First, Middle Initial) A. Franklin Mutual Insurance Co			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2017	
Mailing Address PO Box 400			FEC Identification Number C	
City Branchville	State NJ	Zip Code 07826-0400	Amount of Each Disbursement this Period 167.85	
Purpose of Disbursement Workers Compensation Premium		Category/ Type	Transaction ID : VTQ2Y9PCS60	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Franklin Mutual Insurance Co			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2017	
Mailing Address PO Box 400			FEC Identification Number C	
City Branchville	State NJ	Zip Code 07826-0400	Amount of Each Disbursement this Period 111.90	
Purpose of Disbursement Workers Compensation Premium		Category/ Type	Transaction ID : VTQ2Y9PGEF8	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Franklin Mutual Insurance Co			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2017	
Mailing Address PO Box 400			FEC Identification Number C	
City Branchville	State NJ	Zip Code 07826-0400	Amount of Each Disbursement this Period 447.60	
Purpose of Disbursement Workers Compensation Premium		Category/ Type	Transaction ID : VTQ2Y9PVPFN1	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	727.35
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 31 OF 34	
	<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)
JACOB 2018

Full Name (Last, First, Middle Initial) A. Janover, William, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2017
Mailing Address 27 W 86th St 3A		FEC Identification Number C
City New York	State NY	Zip Code 10024-3615
Purpose of Disbursement Salary		Amount of Each Disbursement this Period 967.36
Candidate Name	Category/ Type	Transaction ID : VTQ2Y9JMDD4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2017
Mailing Address 3060 Williams Dr Ste 200		FEC Identification Number C
City Fairfax	State VA	Zip Code 22031-4642
Purpose of Disbursement Payroll Processing Fee		Amount of Each Disbursement this Period 65.75
Candidate Name	Category/ Type	Transaction ID : VTQ2Y9JMDE2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Paychex		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2017
Mailing Address 3060 Williams Dr Ste 200		FEC Identification Number C
City Fairfax	State VA	Zip Code 22031-4642
Purpose of Disbursement Payroll Taxes		Amount of Each Disbursement this Period 427.02
Candidate Name	Category/ Type	Transaction ID : VTQ2Y9JMDFO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1460.13
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 32 OF 34	
	<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)
JACOB 2018

Full Name (Last, First, Middle Initial) A. Sage Payment Solutions Sponsored By BMO Harris Bank N.A.		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2017
Mailing Address 12120 Sunset Hills Rd Ste 500		FEC Identification Number C
City Reston	State VA	Zip Code 20190-5858
Purpose of Disbursement Credit Card Processing Fee		Amount of Each Disbursement this Period 543.36
Candidate Name		Transaction ID : VTQ2Y9PWP9N
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Sage Payment Solutions Sponsored By BMO Harris Bank N.A.		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2017
Mailing Address 12120 Sunset Hills Rd Ste 500		FEC Identification Number C
City Reston	State VA	Zip Code 20190-5858
Purpose of Disbursement Credit Card Processing Fee		Amount of Each Disbursement this Period 178.15
Candidate Name		Transaction ID : VTQ2Y9PCS93
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Sage Payment Solutions Sponsored By BMO Harris Bank N.A.		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2017
Mailing Address 12120 Sunset Hills Rd Ste 500		FEC Identification Number C
City Reston	State VA	Zip Code 20190-5858
Purpose of Disbursement Credit Card Processing Fee		Amount of Each Disbursement this Period 180.17
Candidate Name		Transaction ID : VTQ2Y9PWPQ5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	901.68
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 33 OF 34			
	<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)
JACOB 2018

Full Name (Last, First, Middle Initial) A. Staples Advantage			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2017		
Mailing Address 300 US-202			FEC Identification Number C		
City Raritan	State NJ	Zip Code 08869	Amount of Each Disbursement this Period 211.57		
Purpose of Disbursement Office Supplies		Category/ Type	Transaction ID : VTQ2Y9PCS36		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Van Horn, Thomas, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2017		
Mailing Address 76 Farragut Rd			FEC Identification Number C		
City Annapolis	State MD	Zip Code 21403-4435	Amount of Each Disbursement this Period 353.57		
Purpose of Disbursement Reimbursement - Travel Expenses		Category/ Type	Transaction ID : VTQ2Y9JG9W1		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item		
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).....▶	565.14
TOTAL This Period (last page this line number only).....▶	15364.82

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JACOB 2018** Transaction ID : **VTR269NXCF3L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Jacob, Peter, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 725 Colonial Ave			
City Union	State NJ	ZIP Code 07083-7407	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 06 / D 30 / Y 2017	M M / D D / On Demand	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:

SUBTOTALS This Period This Page (optional).....▶	10000.00
TOTALS This Period (last page in this line only).....▶	10000.00

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