

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FB4M5

JACOBS FOR CONGRESS

ADDRESS (number and street)

7213 Ivy Way

(Check if address is changed)

Cincinnati

Cincinnati

OH

45244

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Thorn@jacobsforcongress.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.jacobsforcongress.org

COMMITTEE'S FAX NUMBER

513-561-3525

2. DATE

12 / 21 / 2005

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Willard Stephen Haynes

Signature of Treasurer

Date

12 / 21 / 2005

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Thor M. Jacobs

Candidate Party Affiliation

DEM

Office Sought:

House

Senate

President

State

OH

District

02

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

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Write or Type Committee Name

7. **Custodian of Records:** Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name Lars James Jacobs
 Mailing Address 12905 Little Dry Run Rd
Cincinnati OH 45244
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Custodian of Records Telephone number 513-474-9605

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Willard Stephen Haynes
 Mailing Address 1196 East Main St.
Batavia OH 45103
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Treasurer Telephone number 513-735-1030

Full Name of Designated Agent Ingrid Jacobs
 Mailing Address 7213 Ivy Way
Cincinnati OH 45244
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Assistant Treasurer Telephone number 513-561-1887

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Fifth Third Bank

Mailing Address

17771 Five Mile Rd

MO 106211

Cincinnati OH 45230-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

~~_____~~

Mailing Address

~~_____~~

~~_____~~

~~_____~~

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Sei
 PREPARER
 (3/2005)

12/29/05
 DATE PREPARED

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