

Report of Contributions and Expenditures

OMB No 1545-1696

▶ See Separate Instructions.

A For the period beginning May 8, 2013 and ending June 30, 2013

B Check applicable boxes: Initial report Change of address Amended report Final report

1 Name of organization
Committee to Elect Bob Jackson **Employer identification number**
80-0895544

2 Mailing address (P.O. Box or number, street, and room or suite number)
P.O. Box 271

City or town, state, and ZIP code
Fairfield, PA 17320

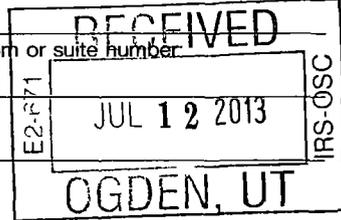
3 E-mail address of organization
www.electjackson.com (to contact the treasurer knobryant@msn.com) **4** Date organization was formed
2-11-2013

5a Name of custodian of records
Martha O'Bryant, Treasurer **5b** Custodian's address
1501 Knoxlyn Orrtanna Road
Orrtanna, PA 17353

6a Name of contact person
Martha O'Bryant, Treasurer **6b** Contact person's address
1501 Knoxlyn Orrtanna Road
Orrtanna, PA 17353

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
P.O. Box 271

City or town, state, and ZIP code
Fairfield, PA 17320



8 Type of report (check only one box)

a First quarterly report (due by April 15)

b Second quarterly report (due by July 15)

c Third quarterly report (due by October 15)

d Year-end report (due by January 31)

e Mid-year report (Non-election year only-due by July 31)

f Monthly report for the month of: _____
 (due by the 20th day following the month shown above, except the December report, which is due by January 31)

g Pre-election report (due by the 12th or 15th day before the election)
 (1) Type of election: _____
 (2) Date of election: _____
 (3) For the state of: _____

h Post-general election report (due by the 30th day after general election)
 (1) Date of election: _____
 (2) For the state of: _____

9 Total amount of reported contributions (total from all attached Schedules A).	9	625.00
10 Total amount of reported expenditures (total from all attached Schedules B).	10	140.00

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

Sign Here

Martha O'Bryant
 Signature of authorized official

7-8-13
 Date

SCANNED JUN 30 2013

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Schedule A Itemized Contributions

Name of organization
Committee to Elect Bob Jackson

Employer identification number
80:0895544

Contributor's name, mailing address and ZIP code Cleveland Null 50 Red Oak Lane Gettysburg, PA 17325	Name of contributor's employer Null Dentist	Amount of contribution
	Contributor's occupation Dentist	\$ 500.00
	Aggregate contributions year-to-date . . . ▶ \$ 500.00	Date of contribution 6-7-2013
Contributor's name, mailing address and ZIP code Robert Stanley 17 W. Main Street Fairfield, PA 17320	Name of contributor's employer Fairfield, PA	Amount of contribution
	Contributor's occupation Mayor of Fairfield, PA	\$ 100.00
	Aggregate contributions year-to-date . . . ▶ \$ 100.00	Date of contribution 6-19-2013
Contributor's name, mailing address and ZIP code Alan Ferranto P.O. Box 3413 Gettysburg, PA 17353	Name of contributor's employer N/A	Amount of contribution
	Contributor's occupation Retired	\$ 25.00
	Aggregate contributions year-to-date . . . ▶ \$ 25.00	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution

Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 ▶ \$ **625.00**

Schedule B Itemized ExpendituresSchedule B page **3** of **3**Name of organization
Committee to Elect Bob Jackson**Employer identification number**
80:0895544Recipient's name, mailing address and ZIP code
Emmitsburg News-Journal
P.O. Box 543
Emmitsburg, MD 21727Name of recipient's employer
Emmitsburg News-JournalAmount of expenditure
\$ 140.00Recipient's occupation
Monthly News JournalDate of expenditure
6-3-2013Purpose of expenditure
Advertising for the month of June for the candidate.

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure
\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure
\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure
\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure
\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure
\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872 ▶**\$ 140.00**