

Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

1. Committee Information	
a. Full Name Jacobs for Orange	c. ID Number 1HD196B
b. Mailing Address (include City, State and Zip Code) 2105 Moorefields Road Hillsborough, NC 27278	d. Date Filed
	e. Phone Number 919-732-4384

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	02/20/2014	04/19/14	Barry M. Jacobs

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name SunTrust Bank	b. Purpose Campaign receipts and expense payments	a. Financial Institution Full Name	b. Purpose
c. Account Code 1	d. Period Begin Balance \$ 1,500.00	c. Account Code	d. Period Begin Balance \$

CERTIFICATION
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Barry Jacobs _____
Printed Name of Signer

Signature of Appointed Treasurer

4-27-14
Date

FOR OFFICE USE ONLY			
Date Received: 4/28/14	Employee: _____	Delivery Method	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail	<input checked="" type="checkbox"/> Signer has not received mandatory training
Date Scanned: 4/28/14	Employee: _____	<input type="checkbox"/> Registered Mail	
Date Data Entered: _____	Employee: _____	<input checked="" type="checkbox"/> Hand Delivered	
		<input type="checkbox"/> Electronically Filed	

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Jacobs for Orange		First Quarter Plus Report		1HD196	
Start of Election Cycle: January 1, 2014		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1,500.00		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 1819.00		\$ 1,819.00	
6) Contributions from Individuals (CRO-1210)		\$ 5,501.00		\$ 5,501.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 25.00		\$ 25.00	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$ 1,646.00	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 7,345.00		\$ 8,991.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 4,193.78		\$ 4,339.78	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$ 91.79		\$ 91.79	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4,285.57		\$ 4,431.57	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 4,559.43		\$ 4,559.43	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 1,646.00			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2200)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$ 476.33		\$ 476.33	



Aggregated Contributions from Individuals

Page

1 of 3

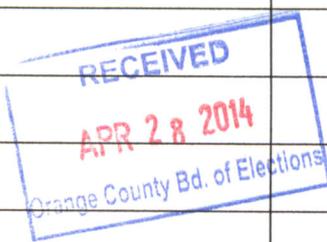
Amendment
 Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable) Jacobs for Orange	2. ID Number 1HD196
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3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	1	check		4/15/14	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/12/14	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/8/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/8/14	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/18/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/16/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/14/14	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/14/14	\$ 15.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/14/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/16/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/17/14	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/12/14	\$ 35.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/12/14	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/16/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/11/14	\$ 35.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/15/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/12/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/11/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/14/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/14/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/11/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/20/14	\$ 20.00
<input type="checkbox"/> Remove					



4. Total only this Page	\$ 840.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$ 1,819.00

Aggregated Contributions from Individuals

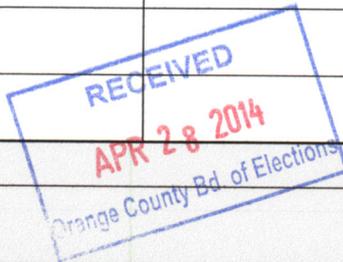
Amendment
 Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable) Jacobs for Orange	2. ID Number 1HD196
---	-------------------------------

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	1	cash		4/6/14	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/30/14/	\$ 49.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/29/14	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/30/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/30/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/6/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/6/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/30/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/21/14	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/26/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/25/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/30/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/2/14	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/30/14	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/1/14	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/31/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/6/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/24/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/1/14	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/3/14	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/30/14	\$ 25.00
<input type="checkbox"/> Remove					

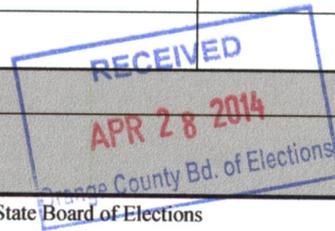


4. Total only this Page	\$ 834.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$ 1,819.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

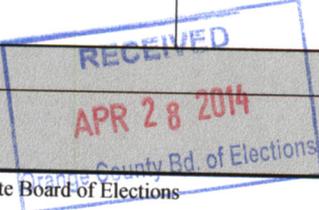
1. Committee Full Name (and Fund if applicable)					2. ID Number	
Jacobs for Orange					1HD196	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jeffrey Schmitt 2101 Schley Road Hurdle Mills, NC 27541 919-732-9852			retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		3/2/14	\$	100.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jim Kitchen PO Box 225 Chapel Hill, NC 27514 919-968-8578			professor			
			c. Employer's Name/Specific Field			
			University of NC at Chapel Hil			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		2/28/14	\$	100.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Barry Katz 5801 Cascade Drive Chapel Hill, NC 27514 919-383-5178			retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		3/14/14	\$	200.00
<input type="checkbox"/>	1	check		4/19/14	\$	200.00
<input type="checkbox"/>					\$	
4. Total only this Page					\$	600.00
5. Total of ALL CRO-1210 Pages					\$	5,501.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						



Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

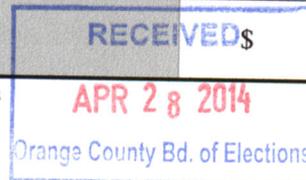
1. Committee Full Name (and Fund if applicable)					2. ID Number	
Jacobs for Orange					1HD196	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Elizabeth Matheson 173 West Margaret Lane Hillsborough, NC 27278 919-732-4311			photographer			
			c. Employer's Name/Specific Field			
			self			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	check		3/10/14		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Robert Seymour 750 Weaver Dairy Road, Apt 219 Chapel Hill, NC 27514 919-918-3444			retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	check		3/12/14		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
R. Steve Lackey 507 Oak Avenue Carrboro, NC 27510 919-968-1450			attorney			
			c. Employer's Name/Specific Field			
			Epting & Hackney			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	check		3/11/14		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5,501.00	



Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

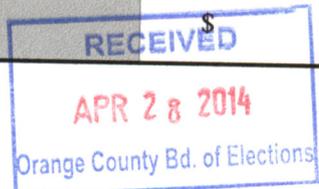
1. Committee Full Name (and Fund if applicable)				2. ID Number	
Jacobs for Orange				1HD196	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Judith Frank 8750 Harmony Church Road Mebane, NC 27302 919-563-4484		b. Job Title/Profession		d. Comments	
		farmer			
		c. Employer's Name/Specific Field			
		self		e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		3/15/14	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Michael Muller 8750 Harmony Church Road Mebane, NC 27302 919-563-4484		b. Job Title/Profession		d. Comments	
		farmer			
		c. Employer's Name/Specific Field			
		self		e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		3/16/14	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Robert Epting PO Drawer 1329 Chapel Hill, NC 27514 919-929-0323		b. Job Title/Profession		d. Comments	
		attorney			
		c. Employer's Name/Specific Field			
		Epting & Hackney		e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		3/13/14	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 300.00
5. Total of ALL CRO-1210 Pages					\$ 5,501.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)					



Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

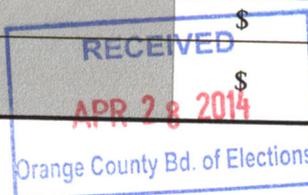
1. Committee Full Name (and Fund if applicable)					2. ID Number	
Jacobs for Orange					1HD196	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Stewart Fisher 5301 Cabe Ford Road Durham, NC 27705			attorney			
			c. Employer's Name/Specific Field			
			Glenn, Mills, Fisher & Mahoney			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	check		3/12/14		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Julia W. Lackey 332 Carolina Meadows Villa Chapel Hill, NC 27517 919-929-1962			retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	check		3/12/14		\$ 300.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Richard Ludington P.O. Box 374 Chapel Hill, NC 28615			attorney			
			c. Employer's Name/Specific Field			
			self			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	check		3/14/14		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages					\$ 5,501.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						



Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

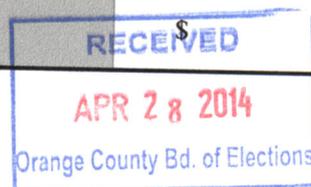
1. Committee Full Name (and Fund if applicable)					2. ID Number	
Jacobs for Orange					1HD196	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jerome Kruter 750 Weaver Dairy Road, Apt. 1321 Chapel Hill, NC 27514 919-969-4531			retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		3/15/14	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jean Connerat-Levine Austin 3519 Monadnock Ridge Road Efland, NC 27243 919-563-3291			retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		3/14/14	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Tom Stevens 213 West Tryon Street Hillsborough, NC 27278 919-644-0305			consultant			
			c. Employer's Name/Specific Field			
			self			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		3/14/14	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 275.00	
5. Total of ALL CRO-1210 Pages					\$ 5,501.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						



Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

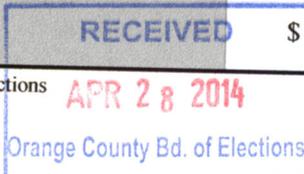
1. Committee Full Name (and Fund if applicable)					2. ID Number	
Jacobs for Orange					1HD196	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Elizabeth Woodman 116 West Queen Street Hillsborough, NC 27278 919-732-9668			editor			
			c. Employer's Name/Specific Field			
			self			
			e. Election Sum to Date			
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		3/13/15	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Gail Cooley 424 Stone Currie Drive Hillsborough, NC 27278 919-969-8478			retired			
			c. Employer's Name/Specific Field			
			e. Election Sum to Date			
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		3/14/14	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Deborah Piscitelli 1822 Patrick Henry Lane Hillsborough, NC 27278			medical writer			
			c. Employer's Name/Specific Field			
			Triangle Medical Writing			
			e. Election Sum to Date			
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		3/14/14	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages					\$ 5,501.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						



Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Jacobs for Orange					1HD196	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
T.W. Triebel 6601 Sirladden Lane Rougemont, NC 27572			retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		3/12/14	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Robert H. Peter 118 West Tryon Street Hillsborough, NC 27278 919-732-6073			retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		3/17/14	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Kenneth Redfoot 111 Bayview Drive Chapel Hill, NC 27516 919-929-2849			architect			
			c. Employer's Name/Specific Field			
			Corley Redfoot Architects, Inc			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		3/14/14	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages					\$ 5,501.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						



Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Jacobs for Orange	1HD196

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Debbie Leonard 2500 Hoot Owl Drive Hillsborough, NC 27278 919-732-8563	insurance	
	c. Employer's Name/Specific Field self	
		e. Election Sum to Date
		\$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		3/14/14	\$ 75.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

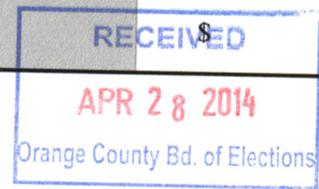
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Julia Mack 176 West King Street Hillsborough, NC 27278 919-287-4345	budget analyst	
	c. Employer's Name/Specific Field Social & Scientific Systems	
		e. Election Sum to Date
		\$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		3/21/14	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Judith Wegner 2307 Pickard Mountain Road Hillsborough, NC 27278	Professor	
	c. Employer's Name/Specific Field UNC-CH School of Law	
		e. Election Sum to Date
		\$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		3/20/14	\$ 100.00
<input type="checkbox"/>	1	check		4/19/	\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 275.00
5. Total of ALL CRO-1210 Pages	\$ 5,501.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	



Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Jacobs for Orange	1HD196

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Jack Chestnut 4303 Hope Valley Road Hillsborough, NC 27278 919-732-1242	Retired	
	c. Employer's Name/Specific Field	
		e. Election Sum to Date
		\$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		3/28/14	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

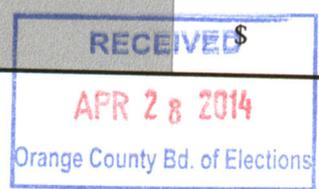
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Betty Compton 5900 Compton Road Cedar Grove, NC 27231 919-732-8487	Retired	
	c. Employer's Name/Specific Field	
		e. Election Sum to Date
		\$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		3/27/14	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Kim Steffan 3598 Corbett Ridge Road Mebane, NC 27302 919-732-7300	Attorney	
	c. Employer's Name/Specific Field	
	Steffan & Associates	
		e. Election Sum to Date
		\$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		3/25/14	\$ 75.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

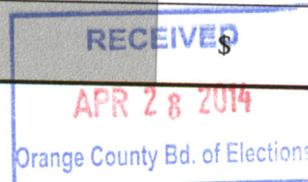
4. Total only this Page	\$ 375.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 5,501.00



Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

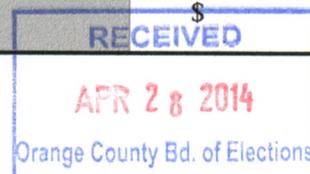
1. Committee Full Name (and Fund if applicable)					2. ID Number	
Jacobs for Orange					1HD196	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Audrey Booth 750 Weaver Dairy Road Apt 130 Chapel Hill, NC 27514 919-9183476			b. Job Title/Profession		d. Comments	
			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 51.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		3/25/14	\$	51.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Arthur Mines 2715 Wagner Bend Road Hillsborough, NC 27278 919-732-6030			b. Job Title/Profession		d. Comments	
			Audiologist			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		3/25/14	\$	200.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Gordon Neville 1501 Old Greensboro Road Chapel Hill, NC 27516			b. Job Title/Profession		d. Comments	
			Cattle Rancher			
			c. Employer's Name/Specific Field			
			Self			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		3/27/14	\$	100.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$	351.00
5. Total of ALL CRO-1210 Pages					\$	5,501.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						



Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

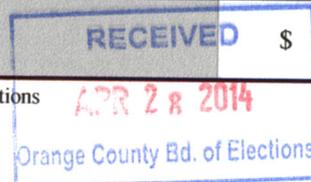
1. Committee Full Name (and Fund if applicable)					2. ID Number	
Jacobs for Orange					1HD196	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Alan Rimer 200 Overlake Drive Chapel Hill, NC 27516 919-929-7076			Engineer			
			c. Employer's Name/Specific Field			
			Black & Veatch			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		3/29/14	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Linda Rimer 200 Overlake Drive Chapel Hill, NC 27516 919-929-7076			regional liason			
			c. Employer's Name/Specific Field			
			USEPA			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		3/29/14	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Robert Joel Dunn 401 Gibbon Drive Chapel Hill, NC 27516 919-636-3478			retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	check		3/29/14	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 275.00	
5. Total of ALL CRO-1210 Pages					\$ 5,501.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						



Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

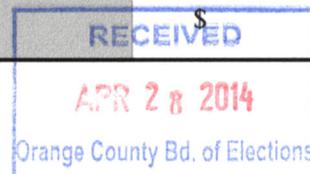
1. Committee Full Name (and Fund if applicable)				2. ID Number	
Jacobs for Orange				1HD196	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Keith Drum 1544 Ferrell Road Chapel Hill, NC 27517 919-929-2704		Retired			
		c. Employer's Name/Specific Field			
		e. Election Sum to Date			
				\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		4/3/14	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Lynn Knauff 205 Deepwood Road Chapel Hill, NC 27514 919-967-3035		Retired			
		c. Employer's Name/Specific Field			
		e. Election Sum to Date			
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		3/29/14	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Sharlene Pilkey 3303 US Hwy 70 East Hillsborough, NC 27278 919-732-3384		retired			
		c. Employer's Name/Specific Field			
		e. Election Sum to Date			
				\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		3/27/14	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 600.00	
5. Total of ALL CRO-1210 Pages				\$ 5,501.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)					



Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

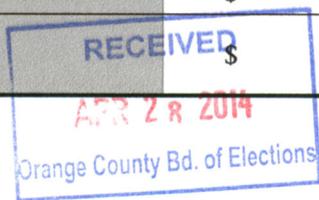
1. Committee Full Name (and Fund if applicable)						2. ID Number	
Jacobs for Orange						1HD196	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Ronald Morris 208 Chesterson Drive Lexington, SC 29072 336-337-4896				journalist			
				c. Employer's Name/Specific Field			
				The State Newspapaer			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	check		3/24/14		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Lynne Holtkamp 2004 Ben Wilson Road Mebane, NC 27302 919-960-6840				attorney			
				c. Employer's Name/Specific Field			
				Holtkamp Law Firm			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	check		4/7/14		\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Kristine Bergstrand 106 Marin Drive Chapel Hill, NC 27516 919-960-8735				consultant			
				c. Employer's Name/Specific Field			
				self			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	check		4/8/14		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 5,501.00	



Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

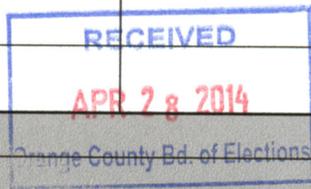
1. Committee Full Name (and Fund if applicable)					2. ID Number	
Jacobs for Orange					1HD196	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Todd Dickinson 4604 Hunt Road Hillsborough, NC 27278 919-732-5439			retired			
			c. Employer's Name/Specific Field			
			e. Election Sum to Date			
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	creditcard		4/17/14	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
			e. Election Sum to Date			
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
			e. Election Sum to Date			
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$	100.00
5. Total of ALL CRO-1210 Pages					\$	5,501.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)						



Contributions from Other Political Committees

Use this form to report contributions from other candidate, referendum or PAC committees

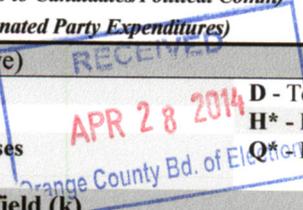
1. Committee Full Name (and Fund if applicable)				2. ID Number			
Jacobs for Orange				1HD196			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sally Greene for Town Council 634 Morgan Creek Road Chapel Hill, NC 27517		b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments e. Election Sum to Date \$ 25.00			
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:					
		f. Account Code				g. Form of Payment	
		h. In-Kind Description				i. Date (mm/dd/yyyy)	
				\$			
				\$			
				\$			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
		b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments e. Election Sum to Date \$			
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					
		f. Account Code				g. Form of Payment	
		h. In-Kind Description				i. Date (mm/dd/yyyy)	
				\$			
				\$			
				\$			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
		b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		d. Comments e. Election Sum to Date \$			
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					
		f. Account Code				g. Form of Payment	
		h. In-Kind Description				i. Date (mm/dd/yyyy)	
				\$			
				\$			
				\$			
4. Total only this Page							
				\$ 25.00			
5. Total of ALL CRO-1230 Pages							
				\$ 25.00			
<i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>							



Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Jacobs for Orange					1HD196	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Gephart Marketing Solutions LLC P. O. Box 669 Hillsborough, NC 27278 919-732-6464						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,000.91	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	B	3/17/14	\$255.28	stickers	
1	check	O	3/20/14	\$745.63	sunflower seed giveaway	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Gephart Marketing PO Box 669 Hillsborough, NC 27278 919-72-6464						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,444.35	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	B	4/15/14	\$443.44	yard signs	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
US Post Office Hillsborough Main PO Hillsborough, NC 27278-2686 800-275-8777						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 389.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	I	3/25/14	\$49.00	stamps	
1	check	I	4/01/14	\$340.00	stamps	
5. Total only this Page					\$ 1,833.35	
6. Total of ALL CRO-1310 Pages					\$ 4,193.78	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						



Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number
Jacobs for Orange					1HD196
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
News of Orange County PO Box 580 Hillsborough, NC 27278 919-732-2171					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 312.59	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A	4/7/14	\$137.40	display ad
1	check	A	4/14/14	\$175.19	display ad
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Indy Week P.O. Box 2690 Durham, NC 27715 919-286-1972					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 1,174.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A	4/14/14	\$1,174.00	display ad
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Elizabeth Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-732-4384				Reimbursement	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 305.72	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	K	2/26/14	\$158.72	ink and paper
1	check	I	3/8/14	\$147.00	
5. Total only this Page					\$ 1,792.31
6. Total of ALL CRO-1310 Pages					\$ 4,193.78
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	RECEIVED APR 28 2014 Orange County Bd. of Elections		D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party			H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses			Q* - Donation to Legal Expense Fund
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number
Jacobs for Orange					1HD196
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Elizabeth Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-732-4384				Reimbursement	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 476.33	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	B	3/27/14	\$170.61	postcards
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Weaver Street Market 101 East Weaver Street Carrboro, NC 27510 919-929-0010					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 32.21	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	O	4/4/14	\$32.21	Food for Meet-and-Greet
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Mediterranean Deli 401 West Franklin Street Chapel Hill, NC 27516 919-967-2666					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 59.58	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	O	4/6/14	\$59.58	Food for Meet-and-Greet
				\$	
5. Total only this Page					\$ 568.12
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 4,193.78
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	<div style="border: 1px solid blue; padding: 5px; display: inline-block;"> RECEIVED APR 28 2014 Orange County Bd. of Elections </div>		D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party			H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses			Q* - Donation to Legal Expense Fund
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

In-Kind Contributions

Amendment Yes No

Pg 1 of 1

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Jacobs For Orange		1HD196	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Damon Seils 601 Jones Ferry Road, Apt B13 Carrboro, NC 27510 919-960-5931		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	\$ 32.21
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food for Meet-and-Greet Event		4/6/2014	\$ 32.21
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Molly De Marco 120 Justice Street Chapel Hill, NC 27516 541-231-3292		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	\$ 59.58
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food for Meet-and- Greet		4/6/14	\$ 59.58
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 91.79	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 91.79	

CRO-1510

NC State Board of Elections

December 2007

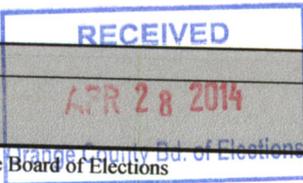
RECEIVED
APR 28 2014

Orange County Bd. of Elections

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)			2. ID Number		
Jacobs for Orange			1HD196		
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Barry Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-732-4384		Writer			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		Self		2/18/14	
				f. End Date (mm/dd/yyyy)	
g. Rate		h. Security Pledged		i. Original Loan Amount	
0 %		na		\$ 1,500.00	
				j. Remaining Loan Balance	
				\$ 1,500.00	
k. Full Name of Lending Institution					l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Barry Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-732-4384		Writer			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		Self		2/12/14	
				f. End Date (mm/dd/yyyy)	
g. Rate		h. Security Pledged		i. Original Loan Amount	
0 %		na		\$ 146.00	
				j. Remaining Loan Balance	
				\$ 146.00	
k. Full Name of Lending Institution					l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
				f. End Date (mm/dd/yyyy)	
g. Rate		h. Security Pledged		i. Original Loan Amount	
%				\$	
				j. Remaining Loan Balance	
				\$	
k. Full Name of Lending Institution					l. Loan Number
4. Total only this Page					\$ 1,646.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)					\$ 1,646.00



Contributions to be Reimbursed

Amendment Yes No

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days.
Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
Jacobs for Orange		1HD196	
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
Staples 1710 E. Franklin Street Chapel Hill, NC 27514 919-942-4115		Elizabeth Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-732-4384	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
ink and paper supplies	2/26/14	Y	\$ 158.72
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
US Post Office Durham Main Office Durham, NC 27701-9998 919-683-8061		Elizabeth Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-732-4384	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Stamps	3/7/14	Y	\$ 147.00
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
Vistaprint 95 Hayden Ave. Lexington, MA 02421 866-614-8002		Elizabeth Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-721-4384	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
postcard printing	3/26/14	Y	\$ 170.61
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
4. Total only this Page		\$ 476.33	
5. Total of ALL CRO-1215 Pages		\$ 476.33	
<i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			

