

# Disclosure Report Cover

Amendment  
 Yes  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

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

<b>2. Report Year</b> 2015	<b>3. Period Start Date (mm/dd/yy)</b> 07/01/2015	<b>4. Period End Date (mm/dd/yy)</b> 12/31/2015	<b>5. Treasurer Full Name</b> Barry M. Jacobs
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<b>6. Type of Committee (Check One)</b>	<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
<b>7. Type of Fund (if applicable, check one)</b>	<b>10. Special Report Name</b>		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
<b>8. Number of Fundraisers this Report</b>			

<b>11. Account Information</b>		<b>11. Account Information</b>	
<b>a. Financial Institution Full Name</b> SunTrust Bank		<b>a. Financial Institution Full Name</b>	
<b>b. Purpose</b> Campaign receipts and expense payments	<b>c. Account Code</b> 1	<b>b. Purpose</b>	<b>c. Account Code</b>
	<b>d. Period Begin Balance</b> \$ 204.22		<b>d. Period Begin Balance</b> \$

**CERTIFICATION**

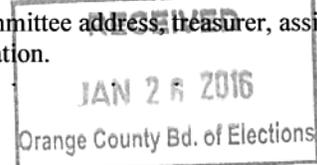
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct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

Barry Jacobs \_\_\_\_\_ i-18-16 \_\_\_\_\_  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received: 1/26/16	Employee: _____	<b>Delivery Method</b> <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: 1/19/16	Employee: _____	
Date Scanned: 2/3/16	Employee: <u>BJ</u>	
Date Data Entered: _____	Employee: _____	

**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.

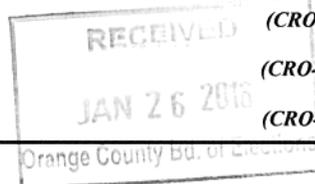


# Detailed Summary

Amendment  Yes  No

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

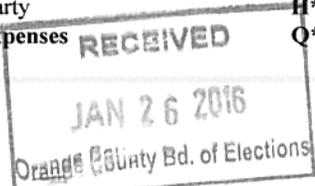
1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Jacobs for Orange		Yr-End Semi-Annual		IHD196	
<b>Start of Election Cycle:</b>	<b>January 1,</b>	<b>2015</b>		<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
<b>4) Cash on Hand at Start</b>		\$	204.22	\$	246.22
<b>RECEIPTS</b>					
<b>5) Aggregated Contributions from Individuals</b>	(CRO-1205)	\$		\$	
<b>6) Contributions from Individuals</b>	(CRO-1210)	\$		\$	
<b>7) Contributions from Political Party Committees</b>	(CRO-1220)	\$		\$	
<b>8) Contributions from Other Political Committees</b>	(CRO-1230)	\$		\$	
<b>9) Loan Proceeds</b>	(CRO-1410)	\$		\$	
<b>10) Refunds/Reimbursements To the Committee</b>	(CRO-1240)	\$		\$	
<b>11) Other Receipt Sources</b>					
<b>11a) Interest on Bank Accounts</b>	(CRO-1250)	\$		\$	
<b>11b) Contributions from Not-for-Profit Organizations</b>	(CRO-1250)	\$		\$	
<b>11c) Outside Sources of Income</b>	(CRO-1250)	\$		\$	
<b>11d) Legal Expense Fund – Other Sources</b>	(CRO-1270)	\$		\$	
<b>11 e) Exempt Purchase Price Sales</b>	(CRO-1265)	\$		\$	
<b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$	0.00	\$	0.00
<b>EXPENDITURES</b>					
<b>13) Disbursements</b>					
<b>13a) Operating Expenditures</b>	(CRO-1310)	\$	101.16	\$	143.16
<b>13b) Contributions to Candidates/Political Committees</b>	(CRO-1310)	\$	103.06	\$	103.06
<b>13c) Coordinated Party Expenditures</b>	(CRO-1310)	\$		\$	
<b>14) Aggregated Non-Media Expenditures</b>	(CRO-1315)	\$		\$	
<b>15) Loan Repayments</b>	(CRO-1420)	\$		\$	
<b>16) Refunds/Reimbursements From the Committee</b>	(CRO-1320)	\$		\$	
<b>17) In-Kind Contributions</b>	(CRO-1510)	\$		\$	
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$	204.22	\$	246.22
<b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)		\$	0.00	\$	0.00
<b>ADDITIONAL INFORMATION</b>					
<b>20) Non-Monetary Gifts Given to Other Committees</b>	(CRO-1330)	\$			
<b>21) Outstanding Loans (incl. ones from other campaigns)</b>	(CRO-1430)	\$			
<b>22) Debts and Obligations owed By the Committee</b>	(CRO-1610)	\$			
<b>23) Debts and Obligations owed To the Committee</b>	(CRO-1620)	\$			
<b>24) Account Transfers Within the Committee</b>	(CRO-1720)	\$			
<b>25) Administrative Support</b>	(CRO-1710)	\$		\$	
<b>26) Forgiven Loans</b>	(CRO-1440)	\$		\$	
<b>27) 48-Hour Notice Reports Sum</b>	(CRO-2200)	\$		\$	
<b>28) Contributions to be Refunded</b>	(CRO-1215)	\$		\$	



# Disbursements

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

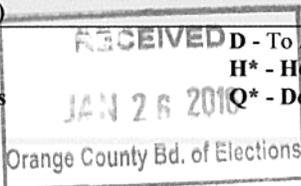
<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Jacobs for Orange					1HD196
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Suntrust Bank PO Box 305183 Nashville, TN 37230-5183 800-786-8787					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$ 77.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	deduction	O	7/20/15	\$7.00	Acct Maint Fee
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
Staples 1710 E. Franklin Street Chapel Hill, NC 27514 919-942-4115					
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$ 94.16
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	check	k	7/21/15	\$94.16	office supplies
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
				\$	
				\$	
<b>5. Total only this Page</b>					\$ 101.16
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 101.16
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
<b>A* - Media</b> <b>E - Salaries</b> <b>I - Postage</b> <b>O* - Other</b>		<b>B* - Printing</b> <b>F* - Equipment</b> <b>J - Penalties</b>		<b>C* - Fundraising</b> <b>G - Political Party</b> <b>K* - Office Expenses</b>	
				<b>D - To Another Candidate</b> <b>H* - Holding Public Office Expenses</b> <b>Q* - Donation to Legal Expense Fund</b>	



# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Jacobs for Orange					1HD196
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input checked="" type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Penny Rich for County Commissioner 109 Oldham Place Chapel Hill, NC 27516 919-428-5952					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 34.45	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
I	check	D	7/28/15	\$34.45	
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Renee Price For Commissioner 1701 Riverside Dr. Hillsborough, NC 27278 919-593-1904					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 34.36	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	check	D	7/28/15	\$34.36	
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Elect Mark Dorosin 919-593-1904 Carrboro, NC 27510 919-967-1486					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 34.35	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	check	D	7/28/15	\$34.35	
				\$	
<b>5. Total only this Page</b>					\$ 103.16
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 103.16
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other					


  
 RECEIVED - To Another Candidate  
 H\* - Holding Public Office Expenses  
 Q\* - Donation to Legal Expense Fund  
 Orange County Bd. of Elections