

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

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 10/27/14
	c. Phone Number 919-732-4384

2. Report Year 2014	3. Period Start Date (mm/dd/yy) 04/20/2014	4. Period End Date (mm/dd/yy) 06/30/14	5. Treasurer Full Name Barry M. Jacobs
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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		
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	State/County	
<input type="checkbox"/> Independent	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational	Referendum
<input type="checkbox"/> Expenditure			Quarterly	<input type="checkbox"/> Organizational
<input type="checkbox"/> Legal Expense Fund				<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	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		a. Financial Institution Full Name	
b. Purpose Campaign receipts and expense payments	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 4,559.43		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]
Signature of Appointed Treasurer

10-26-14
Date

FOR OFFICE USE ONLY

Date Received: 10/29/14 Employee: *[Signature]*

Date Postmarked: _____ Employee: _____

Date Scanned: 10/31/14 Employee: *[Signature]*

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

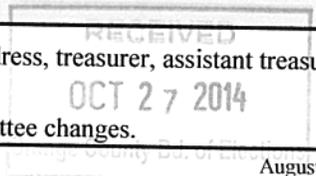
Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

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) Jacobs for Orange	2. Type of Report 2 nd Quarter	3. ID Number 1HD196
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Start of Election Cycle: January 1, <u>2014</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 4,559.43	\$

RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 774.00	\$ 2,593.00
6) Contributions from Individuals (CRO-1210)	\$ 6,911.00	\$ 12,412.00
7) Contributions from Political Party Committees (CRO-1220)	\$	\$ 25.00
8) Contributions from Other Political Committees (CRO-1230)	\$ 312.500	\$ 312.50
9) Loan Proceeds (CRO-1410)	\$ 5,000.00	\$ 6,646.00
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)	\$ 12,997.50	\$ 21,988.50

EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 10,242.75	\$ 14,582.53
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)	\$ 6,646.00	\$ 6,646.00
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$ 112.50	\$ 204.29
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 17,001.25	\$ 21,432.82
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 555.68	\$ 555.68

ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 112.50	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
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)	\$ 412.12	\$ 888.45

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) Jacobs for Orange	2. ID Number IHD196
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Cody Marshall 413 Highview Drive Chapel Hill, NC 27517 734-996-1361		b. Job Title/Profession Consultant		d. Comments	
		c. Employer's Name/Specific Field Resource Recycling 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 checked="" type="checkbox"/>	1	check		4/28/14	\$ 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) D.R. Bryan 607 Aberdeen Drive Chapel Hill, NC 27516 919-933-4422		b. Job Title/Profession President		d. Comments	
		c. Employer's Name/Specific Field Bryan Properties, Inc.			
				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		4/22/14	\$ 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) George J. Cianciolo 7704 Amesbury Drive Chapel Hill, NC 27514 919-489-8539		b. Job Title/Profession		d. Comments	
		c. Employer's Name/Specific Field			
				e. Election Sum to Date \$ 150.00	
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		4/21/14	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page					\$ 350.00
5. Total of ALL CRO-1210 Pages					\$ 6,911.00
<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						IHD196	
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	
Wendy D. Bryan 8033 Old NC 86 Chapel Hill, NC 27516 919-929-6482				NA			
				c. Employer's Name/Specific Field			
				NA			
						e. Election Sum to Date	
						\$ 60.00	
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		4/21/14		\$ 60.00	
<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 919-962-4113				Professor			
				c. Employer's Name/Specific Field			
				UNC-CH School of Law			
						e. Election Sum to Date	
						\$ 350	
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		4/21/14		\$ 250.00	
<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	
Pamela S. Hemminger 407 Sharon Road Chapel Hill, NC 27517				Member-Manager			
				c. Employer's Name/Specific Field			
				Windaco Properties LLC			
						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		4/21/14		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 410.00	
5. Total of ALL CRO-1210 Pages						\$ 6,911.00	
<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

Pg 3 of 7

Amendment Yes No

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	
Joseph Clayton 1117 Palmers Grove Church Road Hillsborough, NC 27278 919-619-4856				Vice President, Sales			
				c. Employer's Name/Specific Field MRP			
				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		4/22/14		\$ 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	
Rosemary Waldorf 106 Gurnsey Trail Chapel Hill, NC 27517 919-933-4422				Project Manager			
				c. Employer's Name/Specific Field Bryan Properties, Inc.			
				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		4/23/14		\$ 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	
Aimee Tattersall 1133 Squires Road Mebane, NC 27302 919-563-9306				NA			
				c. Employer's Name/Specific Field NA			
				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		4/23/14		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages						\$ 6,911.00	
<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) Jacobs for Orange	2. ID Number IHD196
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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	
James Kitchen PO Box 225 Chapel Hill, NC 27514 919-968-8578		Professor			
		c. Employer's Name/Specific Field UNC- Chapel Hill			
				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		4/29/14	\$ 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	
Virginia Smith 168 W. King Street Hillsborough, NC 27278 919-929-8787		NA			
		c. Employer's Name/Specific Field NA			
				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		4/30/14	\$ 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	
Katherine Leith 36 Clover Drive Chapel Hill, NC 28517 919-929-9808		NA			
		c. Employer's Name/Specific Field NA			
				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		4/30/14	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page					\$ 300.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,911.00

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	
Charles D. Nottingham 624 Wells Court Chapel Hill, NC 27514 919-969-1154			President			
			c. Employer's Name/Specific Field East West Partners Club Management			
					e. Election Sum to Date	
					\$ 1000.00	
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		5/9/14		\$ 1000.00
<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	
Roger Perry 1450 Environ Way Chapel Hill, NC 27517 919-929-0660			President			
			c. Employer's Name/Specific Field East West Partners			
					e. Election Sum to Date	
					\$ 1,500.00	
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		5/9/14		\$ 1500.00
<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	
David Anna PO Box 4040 Chapel Hill, NC 27515 919-933-1000			Architect			
			c. Employer's Name/Specific Field Resolute Buiding Company			
					e. Election Sum to Date	
					\$ 1,500.00	
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		5/9/14		\$ 1500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 4,000.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,911.00	

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) J Adam Abram 3600 Glenwood Avenue, Suite 310 Raleigh, NC 27612 919-900-1200				b. Job Title/Profession Chairman		d. Comments	
				c. Employer's Name/Specific Field James River Group, Inc.			
						e. Election Sum to Date \$ 1000.00	
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		5/13/14	\$ 1000.00		
<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) Diana Parrish 210 W. Tryon Street Hillsborough, NC 27278 919-732-8917				b. Job Title/Profession Na		d. Comments	
				c. Employer's Name/Specific Field NA			
						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		5/12/14	\$ 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) Jamezetta Bedford 401 Knob Court Chapel Hill, NC 27517 919-933-5391				b. Job Title/Profession CPA		d. Comments	
				c. Employer's Name/Specific Field Coleman, Huntoon & Brown, PLLC			
						e. Election Sum to Date \$ 100	
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		5/2/14	\$ 51.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,151.00	
5. Total of ALL CRO-1210 Pages						\$ 6,911.00	
(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) Jacobs for Orange	2. ID Number 1HD196
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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	
Roger Waldon 108 Bristol Drive Chapel Hill, NC 27516 919-824-6549		Planner			
		c. Employer's Name/Specific Field Clarion Associates			
				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		4/23/14	\$ 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	
Philip Singer 120 East Union Street Hillsborough, NC 27278 919-732-7724					
		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		4/27/14	\$ 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	
		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					\$ 200.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,911.00

CRO-1210

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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Chaney for Carrboro 217-E Hillsborough Road Carrboro, NC 27510		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 37.50	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
		joint mailing expense	5/2/14	\$ 37.50	
				\$	
				\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Mark Chilton Election Committee 1250 Ephesus Church Road Chapel Hill, NC 27517		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		e. Election Sum to Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 37.50	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
		joint mailing expense	5/2/14	\$ 37.50	
				\$	
				\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
Caldwell for Sheriff PO Box 16505 Chapel Hill, NC 27516 919-967-4442		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum			
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		e. Election Sum to Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 37.50	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
		joint mailing expense	5/2/14	\$ 37.50	
				\$	
				\$	
4. Total only this Page				\$ 112.50	
5. Total of ALL CRO-1230 Pages				\$ 312.50	
<i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>					

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Jacobs for Orange				IHD196	
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
Elizabeth Jacobs 2105 Moorefields Road Hillsborough, Nc 27278 919-732-4384			attorney		
			c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
			Epting & Hackney		4/28/14
			f. End Date (mm/dd/yyyy)		
g. Rate	h. Security Pledged		i. Account Code	j. Form of Payment	
0 %	NA		1	check	
				k. Amount	
				\$ 5,000.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage		e. Amount
			%		\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage		e. Amount
			%		\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage		e. Amount
			%		\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		c. Employer's Name/Specific Field
			d. Percentage		e. Amount
			%		\$
5. Total of ALL CRO-1410 Pages				(This line must be on line 9 of Detailed Summary Page CRO-1100)	
				\$ 5,000.00	

Disbursements

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

Amendment Yes No

1. Committee Full Name (and Fund if applicable) Jacobs for Orange					2. ID Number 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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Suntrust Bank PO Box 305183 Nashville, TN 37230-5183 800-786-8787			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 7.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	deduction	O	6/18/14	\$7.00	Acct Maint-Fee	
				\$		
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	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
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	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 7.00	
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>					\$ 10,242.75	
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)

Jacobs for Orange

2. ID Number

1HD196

3. Type of Disbursement

(Please use separate CRO-1310 forms for each type of Disbursement.)

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information

Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

News of Orange County
PO Box 580
Hillborough, NC 27278
919-732-2171

b. Coordinated Committee Name

c. Level Registered (Specify)

Federal County:
 State Municipality:

d. Comments

e. Election Sum to Date

\$ 776.21

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A	4/20/14	\$175.19	display ad
1	check	A	4/28/14	\$288.43	display ad

4. Payee Information

Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

News & Observer
215 S. McDowell Street
Raleigh, NC 27601
919-836-5654

b. Coordinated Committee Name

c. Level Registered (Specify)

Federal County:
 State Municipality:

d. Comments

e. Election Sum to Date

\$ 434.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A	4/25/14	\$434.00	disply ad
				\$	

4. Payee Information

Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

WCHL
88 Vilcom Circle, Suite 130
Chapel Hill, NC 27514

b. Coordinated Committee Name

c. Level Registered (Specify)

Federal County:
 State Municipality:

d. Comments

e. Election Sum to Date

\$ 1,313.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A	4/23/14	\$1,131.00	radio ads
1	check	A	4/30/14	\$182.00	radio ads

5. Total only this Page

6. Total of ALL CRO-1310 Pages

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

\$ 2,210.62

\$ 10,235.75

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) Jacobs for Orange						2. ID Number IHD196
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) Mebane Enterprise 106 North Fourth Street Mebane, NC 27302 919-563-3555			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 170.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	A	4/28/14	\$170.10	display ad	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Thomas Mills 1301 N. Greensboro St. Carrboro, NC 27510 919-932-4430			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 6,634.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	A	4/28/14	\$6,634.00	postcard ad mailing	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Herald Sun 2828 Pickett Road Durham, NC 27705 919-419-6500			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 439.11	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	A	4/29/14	\$439.11	display ad	
				\$		
5. Total only this Page						\$ 7,243.11
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>						\$ 10,235.75
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) Jacobs for Orange						2. ID Number 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 <i>(include city, state, & zip)</i> Barry Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-732-4384			b. Coordinated Committee Name		d. Comments Reimbursement for ad paid by credit card	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 112.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	A	4/27/14	\$112.00	display ad	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> MFG Consulting, LLC 158 W. King Street Hillsborough, NC 27278 919-644-8321			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 350.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check)	O	\$350.00	website design	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Barry Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-732-4384			b. Coordinated Committee Name		d. Comments Reimbursement	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 412.12	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	O	5/7/14	\$194.37	Food for volunteers/gas	
1	check	O	5/30/14	\$105.75	phone	
5. Total only this Page						\$ 762.12
6. Total of ALL CRO-1310 Pages						\$ 10,235.75
<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 <i>(List detailed expenditure code in (h.) above)</i>						
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) Jacobs for Orange	2. ID Number IHD196
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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"/> Add	<input type="checkbox"/> Remove

4. Payee Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Paypal 2211 North First St. San Jose, CA 95131 888-221-1161		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> County: <input type="checkbox"/> Municipality:		
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
		deduction	O	5/2/14	\$19.90
					\$
					\$
k. Required Remarks credit card fees					
e. Election Sum to Date \$ 19.90					

4. Payee Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> County: <input type="checkbox"/> Municipality:		
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
					\$
					\$
					\$
k. Required Remarks					
e. Election Sum to Date \$					

4. Payee Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> County: <input type="checkbox"/> Municipality:		
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
					\$
					\$
					\$
k. Required Remarks					
e. Election Sum to Date \$					

5. Total only this Page	\$ 19.90
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6. Total of ALL CRO-1310 Pages	\$ 10,235.75
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(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

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)

Loan Repayments

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)
Jacobs for Orange

2. ID Number
1HD196B

3. Lender Information Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Barry Jacobs
2105 Moorefields Road
Hillsborough, NC 27278
919-732-43842

b. Comments

c. Original Loan Date

2/18/14

d. Original Loan Amount

\$ 1,500.00

e. Remaining Loan Balance

\$ 0

f. Account Code

1

g. Form of Payment

check

h. Date (mm/dd/yyyy)

5/26/14

i. Repayment Amount

\$ 1,500.00

\$

3. Lender Information Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Barry Jacobs
2105 Moorefields Road
Hillsborough, NC 27278
919-732-4384

b. Comments

c. Original Loan Date

2/12/14

d. Original Loan Amount

\$ 146.00

e. Remaining Loan Balance

\$ 0

f. Account Code

1

g. Form of Payment

check

h. Date (mm/dd/yyyy)

5/26/14

i. Repayment Amount

\$ 146.00

\$

3. Lender Information Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Elizabeth Jacobs
2105 Moorefields Road
Hillsborough, NC 27278
919-732-4384

b. Comments

c. Original Loan Date

4/28/14

d. Original Loan Amount

\$ 5,000.00

e. Remaining Loan Balance

\$ 0

f. Account Code

1

g. Form of Payment

check

h. Date (mm/dd/yyyy)

5/26/14

i. Repayment Amount

\$ 5,000.00

\$

4. Total only this Page

5. Total of ALL CRO-1420 Pages
(This line must be on line 15 of Detailed Summary Page CRO-1100)

\$ 6,646.00

\$ 6,646.00

CRO-1420

In-Kind Contributions

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) Jacobs For Orange		2. ID Number IHD196	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Chaney for Carrboro 217-E Hillsborough Road Carrboro, NC 27510		b. Type of Contributor <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	c. Comments provided postage stamps
e. Description joint mailing expense		f. Date (mm/dd/yyyy) 5/2/2014	d. Election Sum to Date \$ 37.50
			g. Fair Market Amount \$
			\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Mark Chilton Election Committee 1250 Ephesus Church Road Chapel Hill, NC 27517		b. Type of Contributor <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	c. Comments provided postage stamps
e. Description joint mailing expense		f. Date (mm/dd/yyyy) 5/2/14	d. Election Sum to Date \$ 37.50
			g. Fair Market Amount \$
			\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Caldwell for Sheriff PO Box 16505 Chapel Hill, NC 27516 919-967-4442		b. Type of Contributor <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	c. Comments provided postate stamps
e. Description		f. Date (mm/dd/yyyy)	d. Election Sum to Date
			\$ 37.50
			g. Fair Market Amount
			\$ 37.50
			\$
			\$
4. Total only this Page			
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 112.50	
CRO-1510		\$ 112.50	



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

Kimberly Strach
 Deputy Director – Campaign Reporting

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form

- Name of committee to receive loan: Jacobs for Orange
- Person or committee to make loan: Elizabeth Jacobs
- Date of loan to committee: 4-28-2014
- Name of lending institution and account number (source):
NA
- Amount of loan: \$5,000.00
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors):
NA
- Period of loan: Indefinite
- Rate of interest of loan: NA
- Security pledged for loan: NA

I, Elizabeth Jacobs, acknowledge that all of the information
(Person lending money to committee)
 provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

	4-28-14
Signature of Lender	Date Signed
	4-28-14
Signature of Treasurer of Committee	Date Signed

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.

Non-Monetary Gifts Given to Other Committees

Use this form to report any in-kind, non-monetary gift, service or items given to another committee.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Jacobs for Orange		1HD196B	
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
Chaney for Carrboro 217-E Hillsborough Road Carrboro, NC 27510		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	
d. Comments			
provided postage stamps			
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input checked="" type="checkbox"/> Contribution to Candidate/Political Committee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
joint mailing expense		5/2/14	\$ 37.50
			\$
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
Mark Chilton Election Committee, Register of Deeds 1250 Ephesus Church Road Chapel Hill, NC 27517		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
d. Comments			
provided postage stamps			
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input checked="" type="checkbox"/> Contribution to Candidate/Political Committee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
joint mailing expense		5/2/14	\$ 37.50
			\$
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
Caldwell for Sheriff POBox 16505 Chapel Hill, NC 27516 919-967-4442		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
d. Comments			
provided postage stamps			
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input checked="" type="checkbox"/> Contribution to Candidate/Political Committee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
joint mailing expense		5/2/14	\$ 37.50
			\$
4. Total only this Page		\$ 112.50	
5. Total of ALL CRO-1330 Pages <i>(This line must be on line 20 of Detailed Summary Page CRO-1100)</i>		\$ 112.50	

Contributions to be Reimbursed

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 Jacobs for Orange		2. ID Number 1HD196	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor) Harris Teeter S. Estes Drive Chapel Hill, NC 27514 919-933-5700		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) Barry Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-732-4384	
a. Contribution Description food for campaing volunteers	b. Date (mm/dd/yyyy) 5/6/14	c. Credit Card Y/N Y	d. Amount \$ 8.20
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor) The Wooden Nickel 105 N. Churton Street Hillsborough, NC 27278 919-643-2223		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) Barry Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-732-4384	
a. Contribution Description food for volunteers	b. Date (mm/dd/yyyy) 5/6/14	c. Credit Card Y/N Y	d. Amount \$ 108.32
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor) Johnny's 901 W. Main Street Carrboro, Nc 27510 919-932-5070		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) Barry Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-721-4384	
a. Contribution Description food for volunteers	b. Date (mm/dd/yyyy) 5/3/14	c. Credit Card Y/N Y	d. Amount \$ 29.75
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor) Martinhos Bakery 106 W. Clay Street Mebane, NC 27302 919-563-8606		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) Barry Jacobs 2105 Moorefielda Road Hillsborough, NC 27278 919-732-4384	
a. Contribution Description food for volunteers	b. Date (mm/dd/yyyy) 5/7/14	c. Credit Card Y/N Y	d. Amount \$ 6.67
4. Total only this Page			\$ 152.94
5. Total of ALL CRO-1215 Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 412.12

Contributions to be Reimbursed

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 Jacobs for Orange		2. ID Number 1HD196	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor) Short Stop 300 West Main Street Carrboro, NC 275180		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) Barry Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-732-4384	
a. Contribution Description gas	b. Date (mm/dd/yyyy) 5/3/14	c. Credit Card Y/N Y	d. Amount \$ 41.43
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor) Verizon PO Box 4001 Atlanta, GA 30101 800-822-0204		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) Barry Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-732-4384	
a. Contribution Description phone	b. Date (mm/dd/yyyy) 5/30/14	c. Credit Card Y/N N	d. Amount \$ 105.75
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor) Daily Tar Heel 151 E. Rosemary St. Chapel Hill, NC 27514 919-962-1163		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) Barry Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-721-4384	
a. Contribution Description Display ad	b. Date (mm/dd/yyyy) 4/22/14	c. Credit Card Y/N Y	d. Amount \$ 112.00
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)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
4. Total only this Page			\$ 259.18
5. Total of ALL CRO-1215 Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 412.12