

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 55Y03U
b. Mailing Address (include City, State and Zip Code) 2105 Moorefields Road Hillsborough, NC 27278	d. Date Filed 04/26/2010
	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
2010	2/19/2010	04/17/2010	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		
0				

11. Account Information		11. Account Information	
a. Financial Institution Full Name SunTrust Bank		a. Financial Institution Full Name	
b. Purpose receive donations and pay expenses	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 1,800.00		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

4/25/2010
 Date

FOR OFFICE USE ONLY

Date Received: 4/26/10 Employee: [Signature] Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 Signer has not received mandatory training

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

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.

Orange Co. Bd. Of Elections

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 Report	55Y03U	
Start of Election Cycle:	January 1, 2010	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,800.00	\$ 1148.73
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1,428.00	\$ 1,428.00
6) Contributions from Individuals	(CRO-1210)	\$ 6,685.00	\$ 6,685.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 784.27
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 8,113.00	\$ 8,897.27
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2,578.80	\$ 2,578.80
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 133.00	\$ 133.00
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 326.94	\$ 326.94
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 133.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3,038.44	\$ 3,171.44
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 6,874.56	\$ 6,874.56
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 681.67	
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)	\$ 326.94	\$ 326.94

Received
 APR 26 2010
 Orange Co. Bd. Of Elections

Aggregated Contributions from Individuals

Page

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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 55Y03U
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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		3/20/2010	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/17/2010	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/17/2010	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/17/2010	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/17/2010	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/17/2010	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/26/2010	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/27/2010	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/24/2010	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/23/2010	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/1/2010	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/1/2010	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/30/2010	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/1/2010	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/29/2010	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/1/2010	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		3/31/2010	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/5/2010	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/3/2010	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/5/2010	\$ 30.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/3/2010	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/9/2010	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check	Received	4/6/2010	\$ 50.00
<input type="checkbox"/> Remove					

4. Total only this Page	\$ 930.00
5. Total of ALL CRO-1205 Pages	\$ 1,428.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	

APR 26 2010

Aggregated Contributions from Individuals

Page

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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 55Y03U
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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		4/7/2010	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/5/2010	\$ 49.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/5/2010	\$ 49.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/2/2010	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/5/2010	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/6/2010	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/10/2010	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/8/2010	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/5/2010	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/3/2010	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/15/2010	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check		4/14/2010	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check			\$
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check			\$
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check			\$
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check			\$
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check			\$
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check			\$
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check			\$
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check			\$
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check			\$
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check			\$
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check			\$
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	check			\$
<input type="checkbox"/> Remove					

4. Total only this Page	Received	\$ 498.00
5. Total of ALL CRO-1205 Pages	APR 26 2010	\$ 1,428.00

(This line must be on line 5 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	55Y03U

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	
Art Mines 2715 Wagner Bend Hillsborough, NC 27278 929-732-6030	Pediatric Audiologist		
	c. Employer's Name/Specific Field		
	Children's Developmental Services Agency	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			\$ 150.00
<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 Villas Chapel Hill, NC 27517 919-929-1962	Retired		
	c. Employer's Name/Specific Field		
		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		3/1/2010	\$ 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	
Barry Katz 5801 Cascade Drive Chapel Hill, NC 27514 919-383-5178			
	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		3/7/2010	\$ 100.00
<input type="checkbox"/>	1	check		4/16/2010	\$ 100.00
<input type="checkbox"/>					\$

4. Total only this Page	\$ 850.00
5. Total of ALL CRO-1210 Pages	\$ 6,685.00
<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					55Y03U	
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	
Norman Gustavson 750 Weaver Dairy Road, Apt. 152 Chapel Hill, NC 27514 919-969-4490			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		3/16/2010		\$ 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 Frank 8750 Harmony Church Road Mebane, NC 27302 919-563-4484			Administrative Asst			
			c. Employer's Name/Specific Field			
			Whole Foods/Retail		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		3/16/2010		\$ 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	
Michael Muller 8750 Harmony Church Road Mebane, NC 27302 010-563-4484			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		3/16/2010		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages					\$ 6,685.00	
<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					55Y03U	
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	
Peter Wood 107 N. Wake Street Hillsborough, NC 27278 919-732-8257			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 50	
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		3/16/2010		\$ 50.00
<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			Physician			
			c. Employer's Name/Specific Field			
			Raleigh-Durham Medical Group		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		3/16/2010		\$ 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	
Donald G. Willhoit 203 Lexington Drive Chapel Hill, NC 27516 919-942-2571			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		3/16/2010		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					Received	
					\$ 250.00	
5. Total of ALL CRO-1210 Pages						
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,685.00	

APR 26 2010

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					55Y03U	
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 919-929-5024			Law Professor			
			c. Employer's Name/Specific Field School of Law UNC-CH			
					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		3/17/2010		\$ 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 Epting P.O. Drawer 1329 Chapel Hill, NC 27514 919-929-0323			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		3/17/2010		\$ 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	
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		3/17/2010		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					Received \$ 300.00	
5. Total of ALL CRO-1210 Pages					\$ 6,685.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					APR 26 2010	

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					55Y03U	
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 Lane Hillsborough, NC 27278 919-732-8563			Insurance Agent			
			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		3/17/2010		\$ 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			None			
			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		3/17/2010		\$ 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			
			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		3/18/2010		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					Received	
					\$ 300.00	
5. Total of ALL CRO-1210 Pages						
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,685.00	

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					55Y03U	
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	
Nancy F. Holt 7206 Bradshaw Quarry Road Mebane, NC 27302 919-563-3670			Retired			
			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		3/18/2010	\$ 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	
Art Mines 2715 Wagner Bend Hillsborough, NC 27278 919-732-6030			Audiologist			
			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		2/19/2010	\$ 150.00	
<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	
Jack Chestnut 4303 Hope Valley Drive 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		3/24/2010	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages					\$ 6,685.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Received

APR 26 2010

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					55Y03U	
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	
Peter Kramer 811 Lipscomb Grove Church Road Hillsborough, NC 27278 919-732-7254			Social worker			
			c. Employer's Name/Specific Field			
			OPC Area Program			
					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		3/27/2010		\$ 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	
William Massengale 315 W. University Drive Chapel Hill, NC 27516 919-942-0538			Lawyer			
			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		3/27/2010		\$ 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	
Alan Rimer 519 Hooper Lane Chapel Hill, NC 27514 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		3/30/2010		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					Received \$ 275.00	
5. Total of ALL CRO-1210 Pages					\$ 6,685.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

APR 26 2010

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					55Y03U	
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	
Ted Triebel 6601 Sirladdinn Lane Hillsborough, NC 27278 919-732-6691			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		3/30/2010		\$ 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 M. Holtkamp 2004 Ben Wilson Road Mebane, NC 27302 919-563-8510			Attorney			
			c. Employer's Name/Specific Field			
			Self			
					e. Election Sum to Date	
					\$ 1,000.00	
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		3/29/2010		\$ 1,000.00
<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	
Lisa Best 6709 New Sharon Church Road Rougemont, NC 27572 919-732-4035			student			
			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		3/31/2010		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					Received	
					\$ 1,200.00	
5. Total of ALL CRO-1210 Pages						
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,685.00	

APR 26 2010

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					55Y03U	
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	
John Ellison 201 North Elm Street #1601 Greensboro, NC 27401 336-275-8565			President			
			c. Employer's Name/Specific Field			
			The Ellison Company of NC			
					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		4/1/2010		\$ 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	
John Townsend 25 Midwood Road Greenwich, CT 06870 203-661-2147			Investor			
			c. Employer's Name/Specific Field			
			Self			
					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		3/31/2010		\$ 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	
Elizabeth Ryan 340 Carolina Meadows Villas Chapel Hill, NC 27517 919-929-2467			Writer			
			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		3/30/2010		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages					\$ 6,685.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Received

APR 26 2010

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					55Y03U	
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 T. Bryan 8033 Old NC 86 Chapel Hill, NC 27516 919-929-6482			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		4/9/2010		\$ 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	
Ken Redfoot 111 Bayview Drive Chapel Hill, NC 27517 919-929-2849			Architect			
			c. Employer's Name/Specific Field			
			Corley Redfoot Zach, 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		4/3/2010		\$ 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	
Joseph Moore 329 St. Mary's Road Hillsborough, NC 27278 919-732-7540			Physician			
			c. Employer's Name/Specific Field			
			Duke Medical Center			
					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		4/2/2010		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages					\$ 6,685.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Received

APR 26 2010

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					55Y03U	
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	
J. Alston Gardner 623 East Franklin Street Chapel Hill, NC 27514 404-610-0499			Retired			
			c. Employer's Name/Specific Field			
					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		4/1/2010		\$ 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	
Sharn Jeffries P.O. Box 444 Mebane, NC 27302 919-563-4610			Health Physicist			
			c. Employer's Name/Specific Field			
			NC DENR			
					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		4/12/2010		\$ 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	
Donald Cox 7010 Thunder Mountain Road Efland, NC 27243 919-563-8911			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 110.00	
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		4/12/2010		\$ 110.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 460.00	
5. Total of ALL CRO-1210 Pages					\$ 6,685.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Received

APR 26 2010

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					55Y03U	
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	
Barbara Chapman 2004 Crabtree Lane Chapel Hill, NC 27516 919-933-0765			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		4/6/2010		\$ 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	
Roger Perry 206 Oval Park Place Chapel Hill, NC 27517 919-929-0660			President			
			c. Employer's Name/Specific Field			
			East West Partners		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		4/2/2010		\$ 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	
Sharlene Pilkey 3303 US Hwy 70 East Hillsborough, NC 27278			Retired		919-732-3384	
			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		4/6/2010		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>			Received			\$
4. Total only this Page					\$ 800.00	
5. Total of ALL CRO-1210 Pages					\$ 6,685.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

APR 26 2010

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					55Y03U	
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 Parker 885 Flat River Church Road Roxboro, NC 27574 919-732-3883			Consultant			
			c. Employer's Name/Specific Field			
			Summit Consulting			
					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		4/12/2010		\$ 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	
George A. Horton, III 4500 Schley Road Hillsborough, NC 27278 919-721-6338			Manager			
			c. Employer's Name/Specific Field			
			Telesis Construction Management, 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		4/12/2010		\$ 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	
Artie L. Franklin 1905 Ephesus Church Road Chapel Hill, NC 27517 919-967-6410			Retired			
			c. Employer's Name/Specific Field			
					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		4/15/2010		\$ 500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>			Received			\$
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages					\$ 6,685.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

APR 26 2010

Orange Co. Bd. Of Elections

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					55Y03U	
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		4/12/2010		\$ 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					Received	
					\$ 100.00	
5. Total of ALL CRO-1210 Pages						
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,685.00	

APR 26 2010

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 55Y03U
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> US Postal Service Hillsborough, NC 27278			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 \$ 132.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	stamps	03/17/2010	\$88.00	
1	check	stamps	4/15/2010	\$44.00	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Gephart Marketing Solutions P.O. Box 669 Hillsborough, NC 27278 919-732-6464			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 \$ 1,075.73
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	yard signs	3/19/2010	\$832.91	
1	check	flower seeds	3/28/2010	\$242.82	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Suntrust Bank P.O. Box 622227 Orlando, FL 32862			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 \$ 24.75
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	acct debit	checks	3/18/2010	\$24.75	
				\$	
5. Total only this Page					\$ 1232.48
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>					\$ 2,578.80
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* - Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	

Received
APR 26 2010

* Codes require detailed explanation in required remarks field. Orange Co. Bd. Of Elections

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 55Y03U
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> Office Depot 4001 Chapel Hill Blvd Durham, NC 27707 919-490-3092			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 \$ 56.01
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	supplies	3/22/2010	\$56.01	printer ink and mail supplies
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Liberty Graphics 4221 Garrett Road Durham, NC 27707 919-493-0985			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 \$ 73.10
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	labels	3/26/2010	\$73.10	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Independent Weekly P.O. Box 2690 Durham, NC 27715 919-286-1972			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 \$ 587.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	Ad	4/12/2010	\$587.00	
				\$	
5. Total only this Page					\$ 716.11
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>					\$ 2,578.80
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					

APR 26 2010

Orange Co. Bd. Of Elections

* 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 55Y03U
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> News of Orange County 109 East King Street Hillsborough, NC 27278 919-732-2171			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 \$ 522.21
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	Ad	4/6/2010	\$522.21	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Community Sports News 123 Barclay Road Chapel Hill, NC 27516 919-968-8741			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 \$ 108.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	Ad	4/13/2010	\$108.00	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			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					\$ 630.21
6. Total of ALL CRO-1310 Pages					\$ 2,578.80
<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)					

APR 26 2010
Received

Loan Repayments

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Jacobs for Orange				55Y03U	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Barry Jacobs 2105 Moorefields Road Hillsborough, NC 27278					
				c. Original Loan Date	
				2/8/2010	
				d. Original Loan Amount	
				\$ 133.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 0.00	1	check	3/13/2010	\$ 133.00	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page				\$ 133.00	
5. Total of ALL CRO-1420 Pages				\$ 133.00	
<i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>					

CRO-1420

NC State Board of Elections

APR 26 2010

December 2007

Orange Co Bd. Of Elections

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable) Jacobs for Orange	2. ID Number 55YO3U
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3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Barry Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-732-4384		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
b. Job Title/Profession writer		h. Original Receipt Date 3/11/2010	
c. Employer's Name/Specific Field self		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
i. Form of Payment check		i. Original Receipt Amount \$ 243.82	
m. Required Remarks		f. Purpose Code	
		j. Election Sum to Date \$ 273.25	
g. Comments reimbursement - see CRO 1215		k. Account Code 1	
n. Date (mm/dd/yyyy) 3/13/2010		o. Amount \$ 243.82	

3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Barry Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-732-4384		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
b. Job Title/Profession writer		h. Original Receipt Date 3/9/2010	
c. Employer's Name/Specific Field self		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
i. Form of Payment check		i. Original Receipt Amount \$ 29.43	
m. Required Remarks		f. Purpose Code	
		j. Election Sum to Date \$ 273.25	
g. Comments reimbursement - see CRO 1215		k. Account Code 1	
n. Date (mm/dd/yyyy) 3/13/2010		o. Amount \$ 29.43	

3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Elizabeth Robin Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-732-4384		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
b. Job Title/Profession Executive Director		h. Original Receipt Date 3/10/2010	
c. Employer's Name/Specific Field Eno River Associatio		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
i. Form of Payment check		i. Original Receipt Amount \$ 44.00	
m. Required Remarks		f. Purpose Code	
		j. Election Sum to Date \$ 53.69	
g. Comments reimbursement - see CRO 1215		k. Account Code 1	
n. Date (mm/dd/yyyy) 3/13/2010		o. Amount \$ 44.00	

4. Total only this Page	\$ 317.25
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5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)	\$ 326.94
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L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind O* Other

* Codes require detailed explanation in required remarks field (m)

CRO-1320

APR 26 2010

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Jacobs for Orange	55Y03U

3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	
Elizabeth Robin Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-732-4384		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		e. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		f. Purpose Code	
		h. Original Receipt Date 3/11/2010	
		i. Original Receipt Amount \$ 9.69	
		j. Election Sum to Date \$ 53.69	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Executive Director	Eno River Associatio nonprofit		1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check		3/13/2010	\$ 9.69

3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		e. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		f. Purpose Code	
		h. Original Receipt Date	
		i. Original Receipt Amount \$	
		j. Election Sum to Date \$	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			\$

3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		e. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		f. Purpose Code	
		h. Original Receipt Date	
		i. Original Receipt Amount \$	
		j. Election Sum to Date \$	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			\$

4. Total only this Page	\$ 9.69
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1320)	\$ 326.94

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind O* Other

* Codes require detailed explanation in required remarks field (m)

CRO-1320

NC State Board of Elections

APR 26 2010

December 2007

Orange Co. 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			55Y03U
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	2/10/2010
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	none	\$ 681.67	\$ 681.67
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
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			Received
5. Total of ALL CRO-1430 Pages			\$ 681.67
<i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 681.67

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Contributions to be Reimbursed

Amendment

Pg 1 of 1 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		55Y03U	
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)	
Gephart Marketing Solutions P.O. Box 669 Hillsborough, NC 27279 919-732-6464		Barry 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
payment for flower seed packet	3/11/2010	N	\$ 243.82
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)	
Office Depot 4001 Chapel Hill Blvd Durham, NC 27707 919-490-3092		Barry 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
payment for mailing supplies	3/9/2010	N	\$ 29.43
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)	
Post Office Hillsborough, NC 27278		Elizabeth Robin 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
payment for stamps	3/12/2010	N	\$ 44.00
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)	
Office Depot 1720 Guess Road Durham, NC 27701 919-286-7032		Elizabeth Robin 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
payment for mailing supplies	3/11/2010	Received N	\$ 9.69
4. Total only this Page			\$ 326.94
5. Total of ALL CRO-1215 Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 326.94

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Orange Co. Bd. Of Elections

NC State Board of Elections

August 2008