

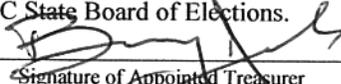
Disclosure Report Cover

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 | | c. ID Number | |
| Jacobs for Orange | | 55Y03U | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Filed | |
| 2105 Moorefields Road Hillsborough, NC 27278 | | | |
| | | 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 | 4/18/2010 | 06/30/2010 | 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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser | | Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | |
| | | State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | |
| | | Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special | |
| 7. Type of Fund (if applicable, check one) | | 10. Special Report Name | |
| <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: | | | |
| 8. Number of Fundraisers this Report | | | |
| 0 | | | |
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| SunTrust Bank | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| receive donations and pay expenses | 1 | | |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 6,724.26 | | \$ |
| 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 | |  | 7-11-10 |
| Printed Name of Signer | | Signature of Appointed Treasurer | Date |
| FOR OFFICE USE ONLY | | | |
| Date Received: | <u>7/12/10</u> | Employee: |  |
| Date Postmarked: | _____ | Employee: | _____ |
| Date Scanned: | <u>7-13-10</u> | Employee: |  |
| Date Data Entered: | _____ | Employee: | _____ |
| | | Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training | |
| | | Received | |

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

Detailed Summary

Amendment
 Yes No

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

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number | |
|--|-----------------------|-----------------------------|---------------------------|
| Jacobs for Orange | Second Quarter Report | 55Y03U | |
| Start of Election Cycle: January 1, 2007 | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 6,724.26 | \$ 1148.73 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 610.00 | \$ 2,038.00 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 900.00 | \$ 7,435.00 |
| 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) | \$ 39.37 | \$ 39.37 |
| 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) | | \$ 1,549.37 | \$ 10,296.64 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 7,486.70 | \$ 10,065.50 |
| 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) | \$ 0.00 | \$ 133.00 |
| 16) Refunds/Reimbursements From the Committee | (CRO-1320) | \$ 648.79 | \$ 975.73 |
| 17) In-Kind Contributions | (CRO-1510) | \$ 0.00 | \$ 133.00 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 8,135.49 | \$ 11,307.23 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 138.14 | \$ 138.14 |
| 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) | \$ 648.79 | \$ 975.73 |

Received
 JUL 12 2008
 Orange Co. Bd. Of Elections

Aggregated Contributions from Individuals

Page

1 of 1

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 |
|---|-------------------------------|

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 | | 4/22/2010 | \$ 25.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | 1 | check | | 4/21/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | 1 | check | | 4/20/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | 1 | check | | 4/24/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | 1 | check | | 4/23/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | 1 | check | | 4/30/2010 | \$ 25.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | 1 | check | | 4/22/2010 | \$ 25.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | 1 | check | | 4/30/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | 1 | check | | 4/30/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | 1 | check | | 5/1/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | 1 | check | | 5/3/2010 | \$ 25.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | 1 | check | | 4/24/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | 1 | check | | 4/21/2010 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | 1 | check | | 5/1/2010 | \$ 35.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | 1 | check | | 5/3/2010 | \$ 25.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add | | | | | \$ |
| <input type="checkbox"/> Remove | | | | | \$ |

| | | |
|---------------------------------------|-------------|-----------|
| 4. Total only this Page | Received | \$ 610.00 |
| 5. Total of ALL CRO-1205 Pages | JUL 12 2010 | \$ 610.00 |

(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 | |
| Seth Davis 46 Mimosa Circle Ridgefield, CT 06877 203-438-8945 | | | | Journalist | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Columbia Broadcasting Co | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | \$ | | 300.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | check | | 4/21/2010 | | \$ 300.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Jane T. Gaede P. O. Box 747 Hillsborough, NC 27278 919-732-7229 | | | | Physician | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Duke University | | | |
| | | | | 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 | | 4/22/2010 | | \$ 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 | |
| Spence M. Dickinson 6301 Pathway Ct Chapel Hill, NC 27516 919- | | | | Educator | | | |
| | | | | 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 | | 4/22/2010 | | \$ 100.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 600.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 900.00 | |

Received

JUL 12 2010

Orange Co. Bd. Of Elections

Contributions from Individuals

Pg 2 of 2

Amendment
 Yes No

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 | |
| Tom Heffner 6024 Old Field Drive Chapel Hill, NC 27514 919-929-4637 | | | | Real Estate | | | |
| | | | | 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 | | 4/28/10 | | \$ 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 | |
| Valerie Foushee 106 Claris Court Chapel Hill, NC 27514 919-942-2661 | | | | 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 | | 5/1/10 | | \$ 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 | |
| Elliott Warnock 51 Davie Circle Chapel Hill, NC 27514 919-942-8888 | | | | Sports Editor | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | News & Observer Publishing Co. | | | |
| | | | | | | 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 | cash | | 4/24/10 | | \$ 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> | | | | | | \$ 900.00 | |

Received

JUL 12 2010

Refunds/Reimbursements To the Committee

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

| | | | | | |
|--|---------------------------|--|---|--------------------------------|-------------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| Jacobs for Orange | | | | 55YO3U | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| News & Observer P.O. Box 2885 Raleigh, NC 27602-2885 919-829-4500 | | | <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: | | h. Original Expenditure Date |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 4/27/2010 |
| | | | | | i. Original Expenditure Amt |
| | | | | | \$ 301.14 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose | |
| | | | | refund - over-payment for ad | |
| | | | | j. Election Sum to Date | |
| | | | | \$ 39.37 | |
| k. Account Code | l. Form of Payment | m. In-Kind Description | n. Date (mm/dd/yyyy) | | o. Amount |
| 1 | check | | 5/20/2010 | | \$ 39.37 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| | | | <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: | | h. Original Expenditure Date |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | i. Original Expenditure Amt |
| | | | | | \$ |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose | |
| | | | | | |
| | | | | j. Election Sum to Date | |
| | | | | \$ | |
| k. Account Code | l. Form of Payment | m. In-Kind Description | n. Date (mm/dd/yyyy) | | o. Amount |
| | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| | | | <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: | | h. Original Expenditure Date |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | i. Original Expenditure Amt |
| | | | | | \$ |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose | |
| | | | | | |
| | | | | j. Election Sum to Date | |
| | | | | \$ | |
| k. Account Code | l. Form of Payment | m. In-Kind Description | n. Date (mm/dd/yyyy) | | o. Amount |
| | | | | | \$ |
| 4. Total only this Page | | | | | \$ 39.37 |
| 5. Total of ALL CRO-1240 Pages <i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 39.37 |

Received

Disbursements

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

| | | | | | |
|---|---------------------------|--|-----------------------------|---|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number |
| Jacobs for Orange | | | | | 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 (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| Bates & Mills 605 W. Main Street Carrboro, NC 27510 919-932-9359 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 5,000.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | check | O | 4/23/2010 | \$5,000.00 | Design, print & mail post card |
| | | | | \$ | |
| 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 | |
| WCHL-AM 88 Vilcom Circle, Suite 130 Chapel Hill, NC 27514 919-933-4165 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 1,029.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | check | A | 4/27/2010 | \$1,029.00 | radio advertiesments |
| | | | | \$ | |
| 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 | |
| Carrboro Citizen P.O. Box 248 Carrboro, NC 27510 919-942-2100 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 365.35 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | check | A | 4/27/2010 | \$365.35 | advertisement |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 6,394.35 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 7,486.70 |
| <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 | |
| E - Salaries | | F* - Equipment | | G - Political Party | |
| I - Postage | | J - Penalties | | K* - Office Expenses | |
| O* - Other | | | | D - To Another Candidate | |
| | | | | H* - Holding Public Office Expenses | |
| | | | | Q* - Donation to Legal Expense Fund | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |

Received
JUL 12 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) | | | | | 2. ID Number |
| Jacobs for Orange | | | | | 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 (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| News & Observer P.O. Box 2885 Raleigh, NC 27602-2885 919-829-4500 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 301.14 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | check | A | 4/27/2010 | \$301.14 | advertisement |
| | | | | \$ | |
| 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 | |
| Herald Sun 2828 Pickett Road Durham, NC 27705 919-419-6876 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | check | A | 4/27/2010 | \$376.11 | advertisement |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| News of Orange County 109 East King Street Hillsborough, NC 27278 919-732-2171 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 923.31 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | | | | \$401.10 | advertisement |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 1,078.35 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 7,486.70 |
| <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) Received | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | |
| E - Salaries | | F* - Equipment | | G - Political Party | |
| I - Postage | | J - Penalties | | K* - Office Expenses | |
| O* - Other | | | | D - To Another Candidate | |
| | | | | H* - Holding Public Office Expenses | |
| | | | | Q* - Donation to Legal Expense Fund | |

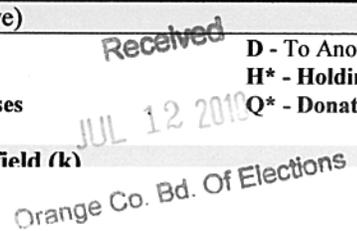
JUL 12 2010

* Codes require detailed explanation in required remarks field (k)
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) | | | | | 2. ID Number |
| Jacobs for Orange | | | | | 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 (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| Suntrust Bank P.O. Box 62227 Orlando, FL 32862 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | \$ 38.75 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | acct debit | O | 5/20/2010 | \$7.00 | account maintenance fee |
| 1 | acct debit | O | 6/25/2010 | \$7.00 | account maintenance 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) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | \$ | |
| 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) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | \$ | |
| 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 | | | | | \$ 14.00 |
| 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> | | | | | \$ 7,486.70 |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | |
| E - Salaries | | F* - Equipment | | G - Political Party | |
| I - Postage | | J - Penalties | | K* - Office Expenses | |
| O* - Other | | | | D - To Another Candidate | |
| | | | | H* - Holding Public Office Expenses | |
| | | | | Q* - Donation to Legal Expense Fund | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |



Refunds/Reimbursements From the Committee

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

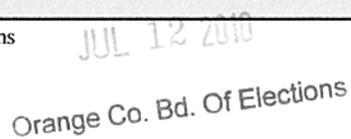
| | | | | | |
|--|--|--|--------------------------------|-----------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | | |
| Jacobs for Orange | | | 55YO3U | | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date | |
| Barry Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-732-4384 | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | 5/1/2010 | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 54.83 | |
| f. Purpose Code | | | j. Election Sum to Date | | |
| P | | | \$ 607.85 | | |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code | |
| writer | self | reimbursement - see CRO 1215 | | 1 | |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount | |
| check | reimbursement for payment to Southern Rail Restaurant for campaign volunteer food | | 5/6/2010 | \$ 54.83 | |
| 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 | | h. Original Receipt Date | |
| Barry Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-732-4384 | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | 5/1/2010 | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 6.97 | |
| f. Purpose Code | | | j. Election Sum to Date | | |
| P | | | \$ 607.85 | | |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code | |
| writer | self | reimbursement - see CRO 1215 | | 1 | |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount | |
| check | reimbursement for payment to Fosters Market for campaign volunteer food | | 5/6/2010 | \$ 6.97 | |
| 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 | | h. Original Receipt Date | |
| Elizabeth Robin Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-732-4384 | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | 4/30/2010 | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 291.69 | |
| f. Purpose Code | | | j. Election Sum to Date | | |
| P | | | \$ 367.88 | | |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code | |
| Executive Director | Eno River Associatio | reimbursement - see CRO 1215 | | 1 | |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount | |
| check | reimbursement for payment to Post Office for stamps | | 5/6/2010 | \$ 291.69 | |
| 4. Total only this Page | | | | \$ 353.49 | |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | | \$ 648.79 | |
| L - Returned to Contributor M - Overpayment for Service P* - Reimbursement of In-Kind O* Other N - Exceeded Contribution Limit | | | | | |
| * Codes require detailed explanation in required remarks field (m) | | | | | |

JUL 12 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 | | | 55YO3U | |
| 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 | | h. Original Receipt Date |
| Elizabeth Robin Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-732-4384 | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | 5/3/2010 |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | c. Level Registered (Specify) | | i. Original Receipt Amount |
| <input type="checkbox"/> Federal <input type="checkbox"/> County: | | \$ 22.50 | | |
| <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | | |
| f. Purpose Code | | | j. Election Sum to Date | |
| P | | | \$ 367.88 | |
| 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 | reimbursement for payment to Staples for printing | 5/6/2010 | \$ 22.50 | |
| 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 | | h. Original Receipt Date |
| Barry Jacobs 2105 Moorefields Road Hillsborough, NC 27278 919-732-4384 | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | 5/4/2010 |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | c. Level Registered (Specify) | | i. Original Receipt Amount |
| <input type="checkbox"/> Federal <input type="checkbox"/> County: | | \$ 272.80 | | |
| <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | | |
| f. Purpose Code | | | j. Election Sum to Date | |
| P | | | \$ 607.85 | |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| writer | self | | | 1 |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | |
| check | reimbursement for payment to Gulf Rim for campaign volunteer food | 5/6/2010 | \$ 272.80 | |
| 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 | | h. Original Receipt Date |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | c. Level Registered (Specify) | | i. Original Receipt Amount |
| <input type="checkbox"/> Federal <input type="checkbox"/> County: | | \$ | | |
| <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | | |
| f. Purpose Code | | | 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 | | | | \$ 295.30 |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | | \$ 648.79 |
| L - Returned to Contributor M - Overpayment for Service P* - Reimbursement of In-Kind O* Other * Codes require detailed explanation in required remarks field (m) | | | | |



 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 | | | \$ 681.67 |
| 5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100) | | | \$ 681.67 |

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 | | 2. ID Number | |
|--|----------------------|--|-----------|
| Jacobs for Orange | | 55YO3U | |
| 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) | |
| Southern Rail Restaurant 201C Main Street Carrboro, NC 27510 919-967-1967 | | 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 food for campaign volunteers | 5/1/2010 | N | \$ 54.83 |
| 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) | |
| Fosters Market 750 Martin Luther King Jr. Blv Chapel Hill, NC 27514 919-967-3663 | | 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 food for campaign volunteer | 5/1/2010 | N | \$ 6.97 |
| 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) | |
| Gulf Rim Cafe 111 N. Churton Street Hillsborough, NC 27278 919-245-0040 | | 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 food for campaign volunteers | 5/4/2010 | N | \$ 272.80 |
| 3. Contributor Information <input type="checkbox"/> | | Add <input type="checkbox"/> | Remove |
| Full Name & Mailing Address of the Payee (the original vendor) | | Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) | |
| Staples 3600 N. Duke Street Durham, NC 27704 919-479-9352 | | 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 printing | 4/30/2010 | N | \$ 291.69 |
| 4. Total only this Page | | | \$ 626.29 |
| 5. Total of ALL CRO-1215 Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i> | | | \$ 648.79 |

Orange Co. Bd. of Elections
JUL 12 2010
Received

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 | | | 2. ID Number | | |
| Jacobs for Orange | | | 55YO3U | | |
| 3. Contributor Information | | <input type="checkbox"/> | Add | <input type="checkbox"/> | Remove |
| Full Name & Mailing Address of the Payee (the original vendor) | | | Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) | | |
| Staples 1710 East Franklin Street Chapel Hill, NC 27514 919-942-4115 | | | 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 copies | | 5/3/2010 | | N | \$ 22.50 |
| 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 |
| | | | | | \$ |
| 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 |
| | | | | | \$ |
| 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 | | | | | \$ 22.50 |
| 5. Total of ALL CRO-1215 Pages | | | | | \$ 648.79 |
| <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i> | | | | | |

Received