Disclosure Ro	enort Cover				Amendment
Use this form for ge	eneral report and committee	information must b	e signed and s	uhmittad alana w	Yes No
Do not use this form	to update information	miormation, must b	c signed and s	ubilitied along w	ith other detailed forms.
1. Committee Info	rmation				
a. Full Name					c. ID Number
Wendy Jacobs for (County Commissioner				45-3929986
					43-3727760
	lude City, State and Zip Code)				d. Date Filed
P.O. Box 52023					
Durham, NC 2771	7				
					e. Phone Number
					919-418-3169
		1 A D	E ID		717-410-3107
2. Report Year	3. Period Start Date (mm.	/dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer	Full Name
2016	07/01/2016			Jane H. Pate	
2016	07/01/2016	10/	22/2016	vane II. I atc	
6. Type of Committ	tee (Check One)	9. Type of Repor	t (check o	only one type of re	eport from one category)
Candidate Campa	aign Party	Municipal		/County	Referendum
PAC	Referendum	Organization	al 🗌	Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five da	ay	Quarterly	Pre-referendum
Legal Expense Fu	and				
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"		Pre-election Pre-runoff		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
Other:		Mid Yea		Semi-annual	
U Oulei.		Year En	d	Mid Year	10. Special Report Name
8. Number of Funda	raisers this Report	Final Special		Year End	
or realiser of Fund	aisers this Report	Special		Final	
11. Account Inform	-41			Special	
a. Financial Institution F				Information	
Mechanics and Farm			a. Financial Ins	stitution Full Name	
b. Purpose	c. Account Code	MERSON AND EAST	b. Purpose		
Campaign Acc			b. r urpose		c. Account Code
	d. Period Begin Balanc	e			d. Period Begin Balance
	6 2275 10				d. I triod begin balance
	\$ 2275.18				\$
CERTIFICATION					
I certify that the Com	mittee or Fund is in compli	iance with all applica	able provisions	of Article 22A	22B, & 22D-22M of Chapter 163 of
me Ne General Statu	tes and that no lunds are co	mmingled with prob	libited or other	non-disclosed for	nds. I further certify that this report
is complete, true and	correct and that I have been	n trained by the NC S	State Board of	Elections,	12.
Jane H. Pate			Juny 6	+ Jule	[0/34/6
FOR OFFICE USE O	Printed Name of Signer	8	ignature of Appoir	ited Treasurer	V Date
	10/2/11	•	Sh	1-	D.F. Mala
Date Received:	60/31/16	Employee:	1804	tax	Delivery Method Normal Mail
Date Postmarked		F1			Registered Mail
Dute I osimarked	IN PERS	ON Employee:	-		Hand Delivered
Date Scanned:		Employee:			☐ Electronically Filed
	OCT 3 1 20	16			☐ Signer has not received
Date Data Entere		Employee:			mandatory training
	DURHAM B	OE .			
Please Note: This	form cannot be used to am	end committee infor	mation such as	the committee a	ddress, treasurer, assistant treasurer,
	custodia	n of books informati	ion, or account	information.	,, wooddan treasurer,
	You must amend the Stater	nent of Organization	(CRO-2100A-	-E) to make com	nittee changes

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 Percent

1. Committee Full Name (and Fund if applicable)	2. Type of Report			3. ID No	ımber
Wendy Jacobs for County Commissioner	2016 3 rd Quarter Report	t		45-3929	986
Start of Election Cycle: January 1,	2016		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	2275.18	\$	11042.08
RECEIPTS		120			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$	1654.00
6) Contributions from Individuals	(CRO-1210)	\$	380.00	\$	7990.00
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$		\$	650.00
9) Loan Proceeds	(CRO-1410)	\$		\$	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$		\$	
11) Other Receipt Sources		Trus.			
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
11b) Contributions from Not-for-Profit Organizati	ions (CRO-1250)	\$		\$	
11c) Outside Sources of Income	(CRO-1250)	\$		\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$		\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c, 11d and 11e)	\$	380.00	\$	10294.00
EXPENDITURES					
13) Disbursements				1000	Charles of the Control
13a) Operating Expenditures	(CRO-1310)	\$	48.00	\$	18728.90
13b) Contributions to Candidates/Political Commit	ttees (CRO-1310)	\$	100.00	\$	100.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$	
15) Loan Repayments	(CRO-1420)	\$		\$	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$	
17) In-Kind Contributions	(CRO-1510)	\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1.		\$	148.00	\$	18828.90
19) Cash on Hand at End (Add lines 4 and 12 together, then sub-	tract line 18)	\$	2507.18	\$	2507.18
ADDITIONAL INFORMATION	Belleville British			A THE	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaign	ns) (CRO-1430)	\$		長海	
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)	\$		\$	

Amendment Yes

No

1. Comr	nittee Full Name	(and Fund if applica	ble)					2. ID N	umber	
Wendy J	acobs for County	Commissioner							45-392998	6
3. Contr	ibutor Informati	on	П	Add	П	Ren	nove			
a. Full Na	me, Mailing Address	& Phone			Fitle/Prof			d. Comm	ients	
	city, state, & zip)			Attori	ney					
Adam Ti										
PO Box							ecific Field			
Cave Creek, AZ 85327			Rose	Rose Law Group PC			- Flori	e. Election Sum to Date		
								\$	55	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Descr	ription		j. Date (mm/dd.	/уууу)	k. Amount	
		Check					7/24	4/16	\$	55
									\$	
			-			-			Φ	
									\$	
	ibutor Informati			Add		Rem	nove			
	ne, Mailing Address	& Phone			itle/Prof	ession		d. Comm	ents	
Wendy Ja	city, state, & zip)			Candi	date					
	ermont Road			c. Emple	over's Na	me/Sne	ecific Field			
	NC 27712			Ci Zimpi	ojei sim	шелоре	cinc Field			
								e. Election	n Sum to Date	
								\$	325	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Date (mm/dd/	уууу)	k. Amount	
	V	Check					09/29	9/16	\$	325
									\$	
									\$	
3. Contri	butor Informatio	on	П	Add	П	Rem	ove			
	ne, Mailing Address &				itle/Profe			d. Comme	ents	
(include	city, state, & zip)									
				-	75.45					
				c. Emplo	yer's Na	me/Spe	cific Field			
								e. Election	Sum to Date	
							\$			
. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descri	ption		j. Date (mm/dd/y	уууу)	k. Amount	
									\$	
									\$	
									\$	
. Total	only this Page	•						\$		380.00
	0		-		the same of the same of	William Co.		-		

Contributions from Individuals

Amendment

Amendment **Disbursements** Yes No Use this form to report expenditures from the committee for: ope

ose ans form to report expend	ntures from the committee	for, operating expenses	, contributions to candidate/political
committees and coordinated pa	arty expenditures.		

	Full Name (and Fur						2. ID Number	
	for County Commis						45-3929986	
3. Type of Dish Operating I		ase use separate (CRO-1310 forms fo	r each				
		Contributions to Ca	andidates/Political Comm	nittees		Coordinate	ed Party Expenditures	
4. Payee Inform			Add		Remove			
	ling Address & Phone		b. Coordinated Com	mittee N	lame	d. Co	omments	
include city, state,								
Mechanics & F								
	Chapel Hill Blvd		c. Level Registered (Specify)				
Durham, NC 27	7707		Federal		County:			
			State		Municipality:	e. Ele	ection Sum to Date	
						\$		
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	ууу)	j. Amount	k. Re	quired Remarks	
	Deduction	K	09/30/16		\$48.00	Fees		
					\$			
. Payee Inform	nation		Add		Remove			
Full Name, Maili	ing Address & Phone		b. Coordinated Com	mittee N	ame	d. Co	mments	
nclude city, state,	& zip)							
			c. Level Registered (S	Specify)				
			Federal		County:			
			State		Municipality:	e. Ele	ction Sum to Date	
						\$		
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	уу)	j. Amount	k. Rec	quired Remarks	
					\$			
,i					\$			
Payee Inform	ation		Add		Remove			
Full Name, Maili	ng Address & Phone		b. Coordinated Com	nittee Na	ame	d. Cor	mments	
-11	& zin)							
clude city, state,	er mp)							
clude city, state,	a zip)							
clude city, state,	249)		c. Level Registered (S	pecify)				
iciude city, state, o	w 12p)		c. Level Registered (S	pecify)	County:			
ciude city, state, o	ss apy			Specify)	County: Municipality:	e. Elec	ction Sum to Date	
iciude city, state, (ss apy		Federal	specify)			ction Sum to Date	
	g. Form of Payment	h. Purpose Code	Federal			\$ 6		
		h. Purpose Code	Federal State		Municipality:	\$ 6	0.00	
		h. Purpose Code	Federal State		Municipality:	\$ 6	0.00	
Account Code Total only this	g. Form of Payment	h. Purpose Code	Federal State		Municipality: j. Amount \$	\$ 6	0.00	
Account Code Total only this	g. Form of Payment s Page CRO-1310 Pages		Federal State i. Date (mm/dd/yy	yyy)	Municipality: j. Amount \$	\$ 6 k. Req	0.00 quired Remarks	
Account Code Total only this Total of ALL This line goes in 1	g. Form of Payment s Page CRO-1310 Pages line 13a of Detailed Sum	mary Page CRO-1106	i. Date (mm/dd/yy	yyy)	Municipality: j. Amount \$	\$ 6 k. Req	0.00 quired Remarks 48.00	
Account Code Total only this Total of ALL (This line goes in 1) (This line goes in 1)	g. Form of Payment s Page CRO-1310 Pages line 13a of Detailed Sum. line 13b of Detailed Sum.	mary Page CRO-1106	i. Date (mm/dd/yy) if Operating Expenses) if Contrib to Candidate	yyy)	Municipality: j. Amount \$ \$ al Comm)	\$ 6 k. Req	0.00 quired Remarks	
Total only this Total of ALL This line goes in the thin the thin this line goes in the thin this line goes in the thin this line goes in the thin thin this line goes in the thin thin this line goes in the thin this line goes in the thin thin thin this line goes in the thin thin thin thin thin thin thin thin	g. Form of Payment s Page CRO-1310 Pages line 13a of Detailed Sum line 13b of Detailed Sum line 13c of Detailed Sum	mary Page CRO-1106 mary Page CRO-1106 mary Page CRO-1106	i. Date (mm/dd/yy	yyy)	Municipality: j. Amount \$ \$ al Comm)	\$ 6 k. Req	0.00 quired Remarks 48.00	
Total only this Total of ALL This line goes in I This line goes in I Purpose Code	g. Form of Payment s Page CRO-1310 Pages line 13a of Detailed Sum line 13c of Detailed Sum line 13t of Detailed Sum line 13t of Detailed Sum line 13t of Detailed Sum	mary Page CRO-1100 mary Page CRO-1100 mary Page CRO-1100 penditure code in (i. Date (mm/dd/yy i. Date (mm/dd/yy if Operating Expenses) if Contrib to Candidate if Coordinated Party E. (h.) above)	yyy)	Municipality: j. Amount \$ \$ al Comm)	\$ 6 k. Req	0.00 quired Remarks 48.00	
Total only this Total of ALL (This line goes in I (This line goes in I Purpose Code - Media	g. Form of Payment s Page CRO-1310 Pages line 13a of Detailed Sum line 13c of Detailed Sum line 13c of Detailed Sum S (List detailed exp B* - Printing	mary Page CRO-1100 mary Page CRO-1100 mary Page CRO-1100 penditure code in (C* - Fund	i. Date (mm/dd/yy i. Date (mm/dd/yy if Operating Expenses) if Contrib to Candidate if Coordinated Party Exch.) above)	yyy)	Municipality: j. Amount \$ sal Comm) res)	\$ 6 k. Req	0.00 quired Remarks 48.00 48.00	
Total only this Total of ALL (This line goes in in (This line goes in in Purpose Code *- Media - Salaries	g. Form of Payment s Page CRO-1310 Pages line 13a of Detailed Sum line 13c of Detailed Sum line 13c of Detailed Sum es (List detailed exp B* - Printing F* - Equipment	mary Page CRO-1100 mary Page CRO-1100 mary Page CRO-1100 cenditure code in (C* - Fund G - Politic	i. Date (mm/dd/yy i. Date (mm/dd/yy ii Operating Expenses) if Contrib to Candidate if Coordinated Party Exch.) above) raising al Party	yyy)	Municipality: j. Amount \$ sal Comm) res) D - To Anoth H* - Holdin	\$ 6 k. Req	0.00 quired Remarks 48.00 48.00 date Office Expenses	
(This line goes in l (This line goes in l (This line goes in l	g. Form of Payment s Page CRO-1310 Pages line 13a of Detailed Sum line 13c of Detailed Sum line 13c of Detailed Sum S (List detailed exp B* - Printing	mary Page CRO-1100 mary Page CRO-1100 mary Page CRO-1100 cenditure code in (C* - Fund G - Politic	i. Date (mm/dd/yy i. Date (mm/dd/yy if Operating Expenses) if Contrib to Candidate if Coordinated Party Exch.) above)	yyy)	Municipality: j. Amount \$ sal Comm) res) D - To Anoth H* - Holdin	\$ 6 k. Req	0.00 quired Remarks 48.00 48.00	

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

committees and	l coordinated	party	ex	penditures.	

	Full Name (and Fu					2. ID Number
	for County Commis					45-3929986
3. Type of Disl			CRO-1310 forms for each		-	
Operating	No.	Contributions to Ca	andidates/Political Committees		Coordinated	d Party Expenditures
4. Payee Inform			Add	Remove		
	iling Address & Phone		b. Coordinated Committee	ee Name	d. Co	mments
(include city, state	nittee on the Affair		4			out the
				Vote	e Initiative	
of Black Peo P. O. Box 3846			c. Level Registered (Speci			
Durham, NC 27702			Federal	County:		
			State	Municipality:	e. Ele	ction Sum to Date
					\$ 1	00.00
f. Account Code	g. Form of Payment	h. Purpose Code	1.0.4.6.4311	1		
i. Account Code	g. Form of Fayment	n. 1 ai pose code	i. Date (mm/dd/yyyy)	j. Amount		quired Remarks
	Check	O	10/1/16	\$100.00		out the
					Vote	Initiative
				\$		
4. Payee Inform	nation		Add	Remove		
*	ling Address & Phone		b. Coordinated Committe		d Cox	nments
(include city, state,			b. Coordinated Committee	e Ivame	d. Cor	nments
and the city is the city	w ap)					
			c. Level Registered (Speci	fv)		
			Federal F	County:		
			State	Municipality:	a Flor	tion Sum to Date
					c. Elec	tion Sum to Date
					\$	
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Rea	uired Remarks
			(n. Acq	un eu Remarks
				\$		
				\$		
. Payee Inform	nation		Add	Remove		
. Full Name, Maili	ing Address & Phone		b. Coordinated Committee	e Name	d. Con	nments
include city, state,	& zip)					
			c. Level Registered (Specif	fy)	439	
			Federal	County:		
			State	Municipality:	e. Elec	tion Sum to Date
					6	
					\$	
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Requ	uired Remarks
				\$		
				Φ		
				\$		
TP-4-1 1	. p			Ψ		
. Total only thi				AR STREET	\$	100.00
	CRO-1310 Pages	D. CDO	0100			
	line 13a of Detailed Sum				\$	100.00
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	0 if Contrib to Candidates/Pol 0 if Coordinated Party Expend	itical Comm)		
				utures)		
* - Media	es (List detailed exp B* - Printing				1	
- Salaries	F* - Equipment	C* - Fund G - Politic		D - To Ano		
- Postage	J - Penalties		e Expenses	O* - Donat	Office Expenses al Expense Fund	
)* - Other				6 - Donat	ion to Lega	ar Expense Fund
Codes require	e detailed explanation	on in required re	marks field (k)			