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.

Mailing Address (include City, State and Zip Code)										
WENDY JACOBS FOR COUNTY COMMISSIONER 5. Mailing Address (include City, State and Zip Code) 6. No S2023 DURHAM, NC 27717 2. Report Year 3. Period Start Date (mm/dd/yy) 3. Treasurer Full Name 2020 3. Account State/County one type of report from one category) 4. Period Report (check only one type of report from one category) 4. Period State/County (check only one type of report from one category) 5. State/County (check only one type of report from one category) 5. State/County (check only one type of report from one category) 6. Type of Committee (Check One) 7. Type of Pund (fapplicable, check one) 7. Type of Fund (fapplicable, check one) 7. Type of Fund (fapplicable, check one) 9. Pre-dection (fapplicable, check one) 9. Sepecial (fapplicable, check one) 9. Sepecial (fapplica	1. Committee Information									
B. Malling Address (include City, State and Zip Code) Description Committee Check Only Che	a. Full Name		c. ID Number							
Digital Digi	WENDY JACOBS FOR COUNTY COMMISSIONER									
DURHAM, NC 27717 DURHAM, NC 27717	b. Mailing Address (include (d. Date Filed								
2. Report Year 3. Period Start Date (wm/dd/yy) 4. Period Ead Date (mm/dd/yy) 5. Treasurer Full Name 2020 07/01/2020 10/17/2020 JANE PATE 2020 07/01/2020 JANE PATE 2020 10/17/2020 JAN		10/29/2020								
2. Report Year 3. Period Start Date (mm/dd/yy) 2. Report Year 3. Period Start Date (mm/dd/yy) 3. Treasurer Full Name 2020 10/17/2020 10/10/2020 10/17/2020 10/18/20/20 10/17/2020 10/18/20/20 10/17/2020 10/18/20/20 10/17/2020 10/17/2020 10/18/20/20 10/17/2020 10/17/2020	DOMIAM, NC 21111	e. Phone Number								
Candidate Campaign		(919) 418-3169								
Source Check One Source Source Source State County Check only one type of report from one category) Source Check only one type of report from one category State County Referendem Source Check only State County Referendem Source Check only State County Referendem Check only State County Referendem Check only Ch	2. Report Year 3. Period St	art Date (mm/dd/	уу)	4. Period End Date (mm/dd/yy) 5. Treas			5. Treasur	urer Full Name		
Schildred Campaign				TANED				ГЕ		
Candidate Campaign	6. Type of Committee (Chec	k One)	9. Typ	e of Report	(ch	type of rep	ort from one category)			
Referendam Legal Expense Fund Thirty-five day Quarterly Pre-referendam Pre-referendam Pre-referendam Pre-referendam Pre-referendam Pre-referendam Pre-referendam Pre-redection Second Second Supplemental Final Annual Special Pre-runoff Third Annual Special										
7. Type of Fund (#applicable, check one) Pre-primary First Sepondary Pre-dection Second Se	Joint Fundraiser	PAC		Organizatio		nal Organizational		Organizational		
Boulding Fund	Referendum	Legal Expense Fund		Thirty-five	day Quarterly		9	☐ Pre-referendum		
Pre-clection Second Septemental Final Pre-clection Pre-cluding Fund Presidential Election Year Candidates Fund Pre-cluding Pre	7. Type of Fund (if applic	able, check one)		Pre-primary	7	☐ First	ì	Final		
Presidential Election Year Candidates Fund Nc Public Campaign Financing Fund Nc Public Campaign Fund Fund Fund Fund Fund Fund Fund Fun			10	Pre-election	1	☐ Second		Supplemental Final		
NC Public Campaign Financing Fund	Building Fund			Pre-runoff		☐ Third		■ Annual		
Other: S. Number of Fundraisers this Report Special Specia	Presidential Election Year (Candidates Fund		Semi-annua	1	☐ Fourth		Special		
Other:	NC Public Campaign Financ	ing Fund		Mid Ye	ar	Semi-annua	1			
8. Number of Fundraisers this Report 0 3. Account Information a. Financial Institution Full Name MECHANICS AND FARMERS BANK b. Purpose c. Account Code TO HOLD FUNDS FOR WENDY JACOBS FOR COUNTY COMMISSIONER CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisite and that I have been trained by the NC State Board funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Employee: Employee: Employee: Date Signer has not received mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.				Year E	nd	Mid Year		10. Special Report Name		
3. Account Information a. Financial Institution Full Name MECHANICS AND FARMERS BANK b. Purpose c. Account Code D. Purpose C. Account Code D. Purpose C. Account Code C. Account Code C. Account Code C. Account Code D. Purpose C. Account Code C. Account C	Other:			Final		Year E	nd			
3. Account Information a. Financial Institution Full Name MECHANICS AND FARMERS BANK b. Purpose	8. Number of Fundraisers t	his Report	10	Special		Final				
A. Financial Institution Full Name MECHANICS AND FARMERS BANK b. Purpose c. Account Code TO HOLD FUNDS FOR WIFD WENDY JACOBS FOR COUNTY COMMISSIONER CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable progress and 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 Signature of Appointed Treasurer FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Postmarked: Date Date Data Entered: Employee: Employee: Employee: Delivery Method Normal Mail Begistered Mail Hand Delivered Employee: Delivery Method Normal Mail Begistered Mail Hand Delivered Employee: Signer has not received mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.						Special				
MECHANICS AND FARMERS BANK b. Purpose C. Account Code D. Purpose C. Account Code D. Purpose C. Account Code C. Account	3. Account Information				3. Acco	ount Informat	ion			
Delivery Method Date Postmarked: Date Date Date Entered: Delivery Method Date Scanned: Delivery Method Date Date Entered: Delivery Method Date Scanned: Delivery Method Date Scanned: Date Note: This form cannot be used to amend committee information, or account information.	a. Financial Institution Full	Name								
TO HOLD FUNDS FOR WENDY JACOBS FOR COUNTY COMMISSIONER CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provision 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 Signature of Appointed Treasurer FOR OFFICE USE ONLY Date Postmarked: Date Postmarked: Date Data Entered: Employee: Date Date This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.	MECHANICS AND FARM	IERS BANK								
WENDY JACOBS FOR COUNTY COMMISSIONER A Period Begin Balance CERTIFICATION	b. Purpose	c. Account Co	c. Account Code			ose	c. Account Code			
WENDY JACOBS FOR COUNTY COMMISSIONER A Period Begin Balance CERTIFICATION	TO HOLD FUNDS FOR	, v					001			
COUNTY COMMISSIONER d. Period Begin Balance		1		ILD		IN PERS				
CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable representatives 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 Town of Appointed Treasurer 10/30/2020	COUNTY	d. Period Begi	d. Period Begin Balance					d. Period Begin Balance		
CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable representatives because 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 Jan	COMMISSIONER						2020	e		
I certify that the Committee or Fund is in compliance with all applicables represented 18 decreased 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 10/30/2020 Printed Name of Signer Date						ULIOV	ZUZU	The state of the s		
Date Received: Date Postmarked: Date Scanned: Date Date Employee: Employee: Employee: Employee: Employee: Date Data Entered: Employee: Employee: Employee: Employee: Employee: Employee: Date Data Entered: Employee: Employee: Date Data Entered: Employee: Employee: Date Data Entered: Date Data Entered: Employee: Date Data Entered: Date Data E	I certify that the Committee or Fund is in compliance with all applicable propristing 180 Ecle 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 Tane Hall 10/30/2020									
Date Received: Date Postmarked: Date Postmarked: Date Scanned: Date Scanned: Date Data Entered: Employee: Employee: Employee: Employee: Date Data Entered: Employee: Date Data Entered: Date Data Entered: Employee: Date Data Entered: Date Data Entered: Date Data Entered: Date Data Entered: Employee: Date Data Entered: Data Da		of Signer		/ Jaga	arare or	Appointed Trea	Silici	Date		
Date Postmarked: Date Postmarked: Date Scanned: Date Scanned: Employee: Employee: Employee: Employee: Employee: Employee: Employee: Date Data Entered: Employee: Employee: Employee: Employee: Signer has not received mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.	FOR OFFICE USE ONLY	walnalna	20			111	T	Engage Most - 1		
Date Postmarked: Date Scanned: Employee: Employee: Employee: Employee: Date Data Entered: Employee: Employee: Employee: Signer has not received mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.	Date Received:	10/30/20	20	Emplo	yee:	AUI	- <u>De</u>	Normal Mail		
Date Data Entered: Employee: Employee: Signer has not received mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.	Date Postmarked:		Emplo				Hand Delivered			
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.	Date Scanned:	-					- M			
assistant treasurer, custodian of books information, or account information.	Date Data Entered:			Emplo				-		
You must amend the Statement of Organization (CRO-2100A-F) to make committee changes	assis									

Amendment ☐ Yes X No

Detailed Summary
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 Rep		3. II) Nu	mber
	2020 Third C				
Start of Election Cycle: January 1, 2017		Total this			Total this
	Reporting Period		Election Cycle		
4) Cash on Hand at Start		\$ 880.	.70	\$	0.00
RECEIPTS	(CDO 1005)		00		2 454 00
5) Aggregated Contributions from Individuals	(CRO-1205)		.00	\$	3,454.00
6) Contributions from Individuals	(CRO-1210)	\$ 0.00		\$	24,750.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.	.00	\$	0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.	.00	\$	3,300.00
9) Loan Proceeds	(CRO-1410)	\$ 0.	.00	\$	0.00
0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.	.00	\$	0.00
1) 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
11e) Exempt Purchase Price Sales	(CRO-1265)		.00	\$	0.00
2) TOTAL RECEPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,			.00	\$	31,504.00
EXPENDITURES	,	0.	.00		31,304.00
3) Disbursements				1111	
13a) Operating Expenditures	(CRO-1310)	\$ 0	.00	\$	26,290.99
13b) Contributions to Candidates/Political Committees	(CRO-1310)		.00	\$	3,500.00
13c) Coordinated Party Expenditures	(CRO-1310)		_	\$	
	(CRO-1315)	-	.00	\$	0.00
4) Aggregated Non-Media Expenditures	·		.00		82.31
5) Loan Repayments	(CRO-1420)		.00	\$	0.00
6) Refunds/Reimbursements from the Committee	(CRO-1320)		.00	\$	0.00
7) In-Kind Contributions	(CRO-1510)		.00	\$	750.00
(8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15			-	.\$	30,623.30
9) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 880	.70	\$	880.70
ADDITIONAL INFORMATION	(CRO-1330)	\$ 0	.00		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1430)		.00	++	IN PERSO
21) Outstanding Loans (incl. ones from other campaigns)			-		207 0 0 20
2) Debts and Obligations owed by the Committee	(CRO-1610)		.00		OCT 3 0 20
3) Debts and Obligations owed to the Committee	(CRO-1620)		.00		
4) Account Transfers Within the Committee	(CRO-1720)		.00	H.	DURHAM
25) Administrative Support	(CRO-1710)	\$ 0	.00	\$	0.00
26) Forgiven Loans	(CRO-1440)	\$ 0	.00	\$	0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0	.00	\$	0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0	.00	\$	0.00