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 In	formation							
a. Full Name	normanon							a ID Number
								c. ID Number
WENDY JACC	OBS FOR COU	JNTY COMMI	ISSION	IER				
b. Mailing Addre		ty, State and Zij	p Code)					d. Date Filed
PO BOX 52053 DURHAM, NO								01/24/2024
201111111,110								e. Phone Number
2. Report Year	3. Period Star	t Date (mm/dd/	yy)	4. Period	End Da	te (mm/dd/yy)	5. Treasur	er Full Name
2023	0,	7/01/2023			12/31/2	2023	JANE PA	ΓE
6. Type of Comr	nittee (Check (One)	9. Typ	e of Repor	t (cl	heck only one	type of rep	ort from one category)
X Candidate Can	npaign 🔲 Par	ty	Munic			State/County		Referendum
☐ Joint Fundrais	er 🔲 PA	C		Organizatio	nal	Organizati	onal	Organizational
Referendum	Les	gal Expense Fund	回	Thirty-five	day	Quarterly		Pre-referendum
7. Type of Fund		le, check one)	1百	Pre-primar	-	☐ First		Final
"Booster Fund	10 22	,,	lii	Pre-election		Secon	đ	Supplemental Final
☐ Building Fund	-		lii	Pre-runoff	•	Third	•	Annual
	lection Year Can	didates Fund		Semi-annua	1	Fourth		Special
	npaign Financing			Mid Ye	-	Semi-annu	_	Special
NC Public Can	upaign rmancing	gruna	쁘					40.0
- Out				Year E	na	Mid Y		10. Special Report Name
Other:				Final		Year I	and	
8. Number of Fu	ındraisers this	Report		Special		Final		
	0					Special		
3. Account Info	rmation				3. Acc	ount Inform <mark>a</mark>	tion	
a. Financial Inst	itution Full Na	me			a. Fina	ncial Instituti	on Fuli Nam	e
MECHANICS A	AND FARME	RS BANK						
b. Purpose		c. Account Cod	le		b. Pur	oose		c. Account Code
TO HOLD FUN	NDS FOR	77	/TED					
WENDY JACC		\ \ \	/JFD					
COUNTY	20101	d. Period Begin	n Balan	ce				d. Period Begin Balance
COMMISSION	FR							
		\$		3,437.88				\$
CERTIFICATIO		an Evand in in an	lian .	an mith all s	liaah	alo annoviniana	- f A -ti-l- 2	24 22D 8 22D 22M - C
			-			-		2A, 22B & 22D-22M of
_						-		ther non-disclosed
funds. I furth	er certily that t	his report is co	mplete,	true and c	orrect a	ind that I have	e been traine	ed by the NC State Board
Ton	11 1	L		0	00	1 00		01/04/0004
Jaj	6 17. 100-	7C			MY	Trace	21	01/24/2024
	rinted Name of S	agner		ylgn	ature of	Appointed Tre	asurer	Date
FOR OFFICE U	SEONLY	1				. 0		
Date Receive	ed: <u>/</u>	124/2	4 151	Emplo		1884	<u>Del</u>	ivery Method Normal Mail
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Date Postma	rked:			Emplo	yee: _		- 5	Hand Delivered
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Date Scanne	:d:			AN 2 4 707	yee:			12cctonicany Filed
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Date Data Er	nerea:			n remaining	y <u>e</u> e:			mandatory training
Please Not	e: This form o	annot he used	to amer	d committe	aa info-	mation such		ittee address, treasurer,
110430 1101								
_		nt treasurer, cus				-		
ĭ	ou must amen	d the Statement	t of Oro	anization (CRO-21	100A-E) to ma	ke committe	e changes

Amendment **Detailed Summary** ☐ 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 WENDY JACOBS FOR COUNTY COMMISSIONER 2023 Year End Semi-Annual Total this **Total this** 2021 Start of Election Cycle: January 1, Reporting Period Election Cycle 4) Cash on Hand at Start 3,437.88 3,437.88 RECEIPTS (CRO-1205) \$ \$ 5) Aggregated Contributions from Individuals 925.00 925.00 (CRO-1210) \$ 10,554.00 \$ 6) Contributions from Individuals 10,554.00 (CRO-1220) \$ \$ 7) Contributions from Political Party Committees 0.000.00 8) Contributions from Other Political Committees (CRO-1230) \$ 0.00 \$ 0.00 9) Loan Proceeds (CRO-1410) 0.00 \$ 0.00 (CRO-1240) \$ \$ 0) Refunds/Reimbursements to the Committee 0.00 0.00 1) Other Receipt Sources (CRO-1250) 11a) Interest on Bank Accounts \$ 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 (CRO-1265) \$ \$ 11e) Exempt Purchase Price Sales 0.00 0.00 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) \$ 11,479.00 11,479.00 **EXPENDITURES** 3) Disbursements (CRO-1310) 13a) Operating Expenditures \$ \$ 1,539.30 1,539.30 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ 0.00 0.00 13c) Coordinated Party Expenditures (CRO-1310) \$ \$ 0.00 0.00 4) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ 0.00 0.00 (CRO-1420) 5) Loan Repayments \$ 0.00 0.00 (CRO-1320) \$ 6) Refunds/Reimbursements from the Committee ا ممم 0.00

o) Keiunds/Keimoursements from the Committee	(CRO-1320)	3	0.00	3	0.00
7) In-Kind Contributions	(CRO-1510)	\$	0.00	\$	0.00
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$	1,539.30	\$	1,539.30
9) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$	13,377.58	\$	13,377.58
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.00		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0.00		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.00		
24) Account Transfers Within the Committee	(CRO-1720)	\$	0.00		
25) Administrative Support IAN 2 4 2024	(CRO-1710)	\$	0.00	\$	0.00
26) Forgiven Loans	(CRO-1440)	\$	0.00	\$	0.00
27) 48-Hour Notice Reports Sum DURHAM BOE	(CRO-2220)	\$	0.00	\$	0.00
28) Contributions to be Refunded	(CRO-1215)	\$	0.00	\$	0.00

Aggregated Contributions from Individuals Page 1 of 1 Amendment D Yes D

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committe	e Full Name (and		2. ID Number				
	COBS FOR COU						
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	or Information	La Form of Dovernment	d. In-Kind Description	e. Date (mm/dd	homen	f. Amount	
a. Amend Add	b. Account Code	c. Form of Payment	d. III-Kind Description	1			
Remove	WJFD	Credit Card		12/05/202	:3	\$	50.00
Add	WJFD	Credit Card		12/07/202	2		50.00
Remove	11722			12/07/202	.5	\$	50.00
Add	WJFD	Credit Card		12/06/202	23	\$	50.00
Remove							50.00
Add	WJFD	Credit Card		12/05/202	:3	\$	50.00
Remove Add	WIED	Condit Cond		+			
Remove	WJFD	Credit Card		12/14/202	23	\$	50.00
Add	WJFD	Credit Card		10/14/202	2		50.00
Remove				12/14/202	.3	\$	50.00
Add	WJFD	Credit Card		12/05/202	23	\$	25.00
Remove				13, 40, 14		Ů	25.00
Add	WJFD	Credit Card		12/14/202	23	\$	50.00
Remove Add	WIED	Credit Card		-			
Remove	WJFD	Credit Card		12/06/202	23	\$	50.00
Add	WJFD	Check		12/20/202			
Remove		0.200		12/29/202	.3	\$	50.00
Add	WJFD	Credit Card		12/14/202	13	\$	50.00
Remove				12/11/202		Ψ	30.00
Add	WJFD	Credit Card		12/05/202	23	\$	50.00
Remove Add	WIED	Credit Card					
Remove	WJFD	Credit Card		12/05/202	23	\$	50.00
Add	WJFD	Credit Card		12/12/202	12		50.00
☐ Remove				12/13/202		\$	50.00
Add	WJFD	Credit Card		12/05/202	3	\$	50.00
Remove				12/00/202		Ψ	30.00
☐ Add ☐ Remove	WJFD	Credit Card		12/21/202	23	\$	35.00
Remove Add	William	Credit Card		1			
Remove	WJFD	Credit Card		12/27/202	23	\$	50.00
Add	WJFD	Credit Card		12/06/202	12		50.00
Remove	110115			12/06/202	.3	\$	50.00
Add	WJFD	Credit Card		12/19/202	3	\$	25.00
Remove				137.237.202		Ψ	25.00
☐ Add	WJFD	Credit Card		12/20/202	23	\$	40.00
Remove	h. 4hia Dame		1	1	eh .		6025.00
	nly this Page	10 E D			\$		\$925.00
	ALL CRO-12	<u> </u>	CDO 1100		\$		\$925.00
(This line m	ust be on line 5 of L	Detailed Summary Page	CKO-1100)				

CRO-1205 NC State Board of Elections April 2007

IN PERSON

JAN 2 4 2024

Contributions from Individuals Pg __1_

				Am	endm	ent	
Pg	_1_	of	14		Yes	No No	

1. Com	mittee Full Name	(and Fund if applicabl	e)				2. ID Number		
WENDY JACOBS FOR COUNTY COMMISSIONER									
3. Cont	ributor Informati	on		Add	☐ Re	move			
	lame, Mailing Add			b. Job	litle/Pr	ofession	d. C	Comments	
(inclu	de city, state, & z	ip)		Physic	ian				
	ASHKIN			10		NT KO 1 PP - TOP - N. H	ļ		
	hickadee Rd					Name/Specific Field	ļ		
DURH	AM, NC 27705			UNC	CHAPI	EL HILL	e F	dection Sun	to Date
l								action Sun	
							\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	i	j. Date (mm/dd/yyyy)		k. Amount	
	WJFD	Credit Card				12/08/2023		\$	250.00
								\$	
								\$	
	ributor Informati			Add	☐ Re	move			
	ame, Mailing Ado					ofession	d. (Comments	
	de city, state, & z	ip)		ARCH	UTECT	`			
JOHN .			e Em nl	loverte l	Nama/Specific Field				
PO BOX 12037				c. Employer's Name/Specific Field SELF					
KESEA	RESEARCH TRIANGLE PARK, NC 27709			SELF			e. E	dection Sum	to Date
							•		500.00
							\$		500.00
f. Prior	7	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	
	WJFD	Check				12/28/2023		\$	500.00
								\$	
								\$	
	ributor Informati			Add	☐ Ren	move	Home		
	ame, Mailing Add					ofession	d. C	Comments	
-	de city, state, & z			Not Er	nployed	d			
	AM DAVID AUS nt St. Apt 407	STIN		c. Em pl	loyer's l	Name/Specific Field			
DURH	AM, NC 27701			Not E	mploye	d			
							e. E	lection Sum	to Date
							\$		150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription		j. Date (mm/dd/yyyy)	_	k. Amount	
	WJFD	Credit Card	IN PER			12/19/2023		\$	150.00
			JAN 2 4	2024				\$	
			DURHAN					\$	
4. Tota	al only this Pa	ge	Annual to the State of the Late of the Lat	terinichelden.			\$		900.00
	al of ALL CR		K III.		1 1				
		6 of Detailed Summary 1	Page CRO-1100)				\$		0,554.00

Pg 2 of 14 Amendment Yes No

1. Com	mittee Full Name	(and Fund if applicabl	le)				2.	D Number
WEND	Y JACOBS FOR	COUNTY COMMIS	SSIONER					
3. Cont	ributor Informati	on		Add	☐ Re	move		
a. Full N	ame, Mailing Ado	iress & Phone		b. Job	litle/Pr	ofession	d. C	Comments
-	de city, state, & z			HR Executive Consultant				
	JELINE Beatty-S ancellors Ridge I			c. Empl	oyer's	Name/Specific Field		
	AM, NC 27713			Self-e	mploye	ed	L	
							e. I	dection 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
	WJFD	Credit Card				12/08/2023		\$ 100.00
								\$
								\$
3. Cont	ributor Informati	on		Add	☐ Re	move		
	lame, Mailing Add			b. Job	litle/Pr	ofession	d. C	Comments
	de city, state, & zi	ip)		softwa	re engi	neer		
	CCA BOARD			c. Em nl	over's	Name/Specific Field	-	
^	3 Hopewell Dr				Sesami			
Dordi	DURHAM, NC 27705				1		e. I	dection Sum to Date
							\$	1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription		j. Date (mm/dd/yyyy)		k. Amount
	WJFD	Credit Card				12/14/2023		\$ 1,000.00
								\$
								\$
	ributor Informati			Add		move		
	lame, Mailing Add					ofession	d. C	Comments
	de city, state, & zi	(p)		RETIR	ED			
	GE BRINE UNTERS LANE			c. Em pl	oyer's	Name/Specific Field		
	AM, NC 27713			RETIF	RED		<u> </u>	
							e. I	lection Sum to Date
							\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount
	WJFD	Check	INPER	RSON	1	12/14/2023		\$ 100.00
				4 2024				\$
			120					\$
4. Total only this Page							\$	1,200.00
	al of ALL CR	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)				\$	10,554.00
							_	

Pg 3 of 14 Amendment Yes No

Jse this	form to report individual	contributions over \$5	or contributions und	der \$50 if form CRO 120	05 is not used
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1. Com	nittee Full Name		2. ID Number						
WEND	Y JACOBS FOR	COUNTY COMMIS	SSIONER						
3. Conti	ributor Informati	on		Add Re	move				
a. Full N	lame, Mailing Ado	lress & Phone		b. Job Title/Profession			Comments		
	de city, state, & z	ip)		Elected official					
	ing Water Dr			c. Employer's l	Name/Specific Field	1			
	AM, NC 27713			Durham coun	ity				
	,				•	e. I	dection Sum to Date		
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	WJFD	Credit Card			12/05/2023		\$ 100.00		
							\$		
							\$		
3. Conti	ributor Informati	on		Add 🔲 Rei	move				
l	ame, Mailing Add			b. Job Title/Pro	ofession	d. C	Comments		
(inclu	de city, state, & z	ip)		Not Employed	d				
	CONNELLY			a Employaris l	Nama/Spacific Hald				
	l Spring Pl AM, NC 27713			c. Employer's Name/Specific Field					
DUKIL	AIVI, NC 21113			Not Employe	u	e. F	lection Sum to Date		
				1		•	100.00		
						\$	100.00		
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	WJFD	Credit Card			12/14/2023		\$ 100.00		
							\$		
							\$		
	ributor Informati			Add Rei	move				
l .	ame, Mailing Add			b. Job Title/Pro	ofession	d. C	Comments		
_	de city, state, & z	ip)		Self employed	i				
	EY FISHER ollow Rock Rd			c. Employer's l	Name/Specific Field				
	AM, NC 27707			Self employe	d				
	,					e. I	lection Sum to Date		
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	WJFD	Credit Card	ners:	ON	12/08/2023		\$ 100.00		
			INPL	40nc			\$		
			IN PERS	-OF			\$		
4. Tota	al only this Pa	ge	NIRH	AW BOS		\$	300.00		
	al of ALL CR	O-1210 Pages 6 of Detailed Summary 1				\$	10,554.00		
(A 1863 L	made of ou mile	o oj zvenenen cammuty 1	-61100)			_			

				Am	endm	ent	
Pg	4	of	14		Yes	X	No

1. Committee Full Name (and Fund if applica		2. ID Number			
WENDY JACOBS FOR COUNTY COMM	ISSIONER				
3. Contributor Information		Add 🔲 Re	move		
a. Full Name, Mailing Address & Phone		b. Job Title/Pr	ofession	d. (Comments
(include city, state, & zip)		Not Employed			
BARKER FRENCH 1014 Green Street		c. Employer's	Name/Specific Field	1	
DURHAM, NC 27701		Not Employe		1	
27701		Trot Employe		e. I	Dection Sum to Date
				\$	500.00
f. Prior g. Account Code h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
□ WJFD Credit Card			12/15/2023		\$ 500.00
					\$
					\$
3. Contributor Information		Add Re			
a. Full Name, Mailing Address & Phone		b. Job Title/Pr	ofession	d. C	Comments
(include city, state, & zip)		Artist			
ETHEL GITTLIN 3 Sichel Ct		c. Employer's	Name/Specific Field		
WEST ORANGE, NJ 07052		Self			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				e. I	Dection Sum to Date
				\$	100.00
f. Prior g. Account Code h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)		k. Amount
□ WJFD Credit Card			12/28/2023		\$ 100.00
					\$
					\$
3. Contributor Information			move		
a. Full Name, Mailing Address & Phone		b. Job Title/Pr	ofession	d. (Comments
(include city, state, & zip)		RETIRED			
CHARLES GRIFFIN 6 N POSTON COURT		c. Employer's	Name/Specific Field	1	
DURHAM, NC 27705		RETIRED			
				e. F	Lection Sum to Date
				\$	100.00
f. Prior g. Account Code h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
□ WJFD Check	IN PE	RSON	12/27/2023		\$ 100.00
	111 0	4 2024			\$
		AM BOE			\$
4. Total only this Page	\$	700.00			
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary	Page CRO-1100)			\$	10,554.00

Amendment

Contributions from Individuals

Pg 5 of 14 Ves No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Cac tills	tomito report in	dividual contribution.	3 0 101 450 01 00	Jii ti i o u ti o	IID GI	dei 450 ii ioini eito i	.200	D Hot used	
1. Com	nittee Full Name	(and Fund if applicabl	le)	1-01-10-11			2. I	D Number	
WEND	Y JACOBS FOR	COUNTY COMMIS	SSIONER						
3. Conti	ributor Informati	on		Add [Re	move			
a. Full N	ame, Mailing Add	iress & Phone		b. Job Ti	tle/Pr	ofession	d. (Comments	
(inclu	de city, state, & z	ip)		Partner					
	HANNAPEL					NT . (C)			
2404 P						Name/Specific Field			
DURH	AM, NC 27707			Landma	atters		a F	dection Sum (n Dote
								action bum (
							\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	
	WJFD	Credit Card				12/14/2023		\$	100.00
								\$	
								\$	
3. Cont	ributor Informati	on		Add [Re	move			
a. Full N	ame, Mailing Add	lress & Phone		b. Job Ti	tle/Pr	ofession	d. C	Comments	
(inclu	de city, state, & z	ip)		Busines	S				
LAWR	ENCE HERST								
	ope Valley Rd				yer's	Name/Specific Field			
DURH	AM, NC 27707			Self			0 H	lection Sum t	o Doto
							е. Е	rection Sum (o Date
							\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	
	WJFD	Credit Card				12/27/2023	i	\$	100.00
								\$	
								\$	
3. Cont	ributor Informati	on		Add [Re	move			
	ame, Mailing Add			b. Job Ti	tle/Pr	ofession	d. C	Comments	
(inclu	de city, state, & z	ip)		Director					
	HOLMBECK			P 1		M. 10 10 10 X X			
	ımbyesvej 3	0000				Name/Specific Field			
Arhu	s C, DENMARK	8000		Holmbe	ck E	coConsult	e F	lection Sum (o Date
							\vdash	action Dam	
							\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	
	WJFD	Credit Card			202	12/06/2023		\$	500.00
			INP	ERSO	N			\$	
			1AL	2 4 202	4			\$	
4. Tota	al only this Pa	ge			OF		\$		700.00
5. Tota	al of ALL CR	0-1210 Pages	DUF	RHAM B	05				
		6 of Detailed Summary 1					\$	10	,554.00

Contributions from Individuals Pg 6 of 14 Amendment No

1. Com	mittee Full Name	(and Fund if applicab	le)			2. ID Number		
WEND	Y JACOBS FOR	COUNTY COMMIS	SSIONER					
3. Cont	ributor Informati	on		Add Re	move			
a. Full N	Name, Mailing Ado	iress & Phone		b. Job Title/Pr	ofession	d. (d. Comments	
	ide city, state, & z	ip)		Consultant				
	JTCHINSON	.		c. Employer's	Name/Specific Field	-		
	nowy Meadow Cl GH, NC 27614	l. .		Sig Hutchins				
14 22323	.01,110 51011			Communicati		e. I	Dection Sur	n to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	WJFD	Credit Card			12/13/2023		\$	250.00
							\$	
							\$	
	ributor Informati			Add Re				
	lame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	
	de city, state, & zi			Psychotherap	ist			
	V JACOBS, PH.D erside Drive).		c. Employer's	Name/Specific Field			
	YORK, NY 1002	4		Self employed				
	NEW TORK, NT 10024			l som omproje	_	e. F	dection Sur	a to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	WJFD	Credit Card			12/11/2023		\$	250.00
							\$	
							\$	
	ributor Informati			Add 🔲 Rei	move			
	lame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	
_	de city, state, & zi	ip)		Writer				
	EW JACOBS 9th Street #1			c. Employer's	Name/Specific Field			
NEW Y	ORK, NY 1000	9		New York Ti	mes	<u>_</u>		
1						e. E	dection Sun	1 to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	WJFD	Credit Card	IN PERS	SON	12/11/2023		\$	250.00
				0.004			\$	
			JAN 2 4				\$	
4. Total only this Page DURHAM BOE						\$		750.00
5. Tota	al of ALL CR	D-1210 Pages	10 -10 11			\$		10,554.00
(This i	ine must be on line	6 of Detailed Summary 1	Page CRO-1100)					,

				Am	endme	ent	
Pg	7	of	14		Yes	X	No

1. Com	nittee Full Name	(and Fund if applicabl	e)				2. ID Number		
WEND	Y JACOBS FOR	COUNTY COMMIS	SSIONER						
3. Cont	ributor Informati	on		Add 🗆	Ren	nove		7 11 149 14	
a. Full N	lame, Mailing Add	lress & Phone		b. Job Title/Profession			d. Comments		
	de city, state, & z	ip)		Not Employed					
NANC 29 Oak	Y KALOW			c. Employer's Name/Specific Field					
	AM, NC 27707			Not Employed					
				Tiot Emp.	.0,00	•	e. F	lection Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	WJFD	Credit Card				12/05/2023		\$ 100.00	
						·		\$	
								\$	
	ributor Informati				Ren				
	lame, Mailing Add			b. Job Title	e/Pro	fession	d. C	Comments	
(include city, state, & zip)				Not Emple	oyed				
SARAH Kupferberg				c. Employe	r's N	lame/Specific Field			
	818 Mendocino Ave Berkeley, CA 94707			Not Employed					
Derken				140t Linpi	loyec	•	e. E	lection Sum to Date	
							\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	Π.	j. Date (mm/dd/yyyy)		k. Amount	
	WJFD	Credit Card				12/05/2023		\$ 250.00	
								\$	
								\$	
3. Cont	ributor Informati	on		Add	Ren	nove			
	lame, Mailing Ado			b. Job Title	e/Pro	fession	d. C	Comments	
	de city, state, & z	ip)		Not Emple	oyed				
	EHMAN labama Ave			c. Employe	r's N	ame/Specific Field			
	AM, NC 27705			Not Empl	loved	1			
	,				,		e. E	Dection Sum to Date	
					Q.		\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In Kind Des	Criptian		j. Date (mm/dd/yyyy)		k. Amount	
	WJFD	Credit Card	III (24 - 16 - 277 - 6			12/06/2023		\$ 100.00	
			JAN 2	4 2024				\$	
			DURHA	M BOE				\$	
4. Tota	Total only this Page			\$	450.00				
	al of ALL CR	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)				\$	10,554.00	
(2200)	oc on anc	J	-9WA XIAN)		_				

				Amendme	ent
Pg	8	of	14	☐ Yes	No No

1. Comr	nittee Full Name		2. ID Number						
WEND	Y JACOBS FOR	COUNTY COMMIS	SSIONER						
	ributor Informati			Add 🔲	Remove				
	ame, Mailing Add			b. Job Title	Profession	d. (d. Comments		
	de city, state, & z	ip)		President					
	LEVITAN			E LIVER OF THE LIV					
	anville Rd	E 1 A		c. Employer's Name/Specific Field					
CHAPI	EL HILL, NC 27	514		Research	Triangle Fdn of NC	e. F	Dection Sum to Date		
						\$			
							500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	WJFD	Credit Card			12/07/2023		\$ 500.00		
							\$		
							\$		
The second secon	ributor Informati			Add 🔲 🛚	Remove	Į, Ē			
	ame, Mailing Add			b. Job Title/	Profession	d. C	Comments		
(inclu	de city, state, & zi	ip)		Business or	wner				
	YLOWE			- Employee	Ja Niama (Caratica Tital)	-			
	2615 Indian Trl DURHAM, NC 27705				's Name/Specific Field	-			
DUKH				Datu Research			dection Sum to Date		
						\vdash			
		· · · · · · · · · · · · · · · · · · ·				\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	WJFD	Credit Card			12/15/2023		\$ 100.00		
							\$		
							\$		
3. Contr	ibutor Informati	O n		Add 🔲 1	Remove				
l	ame, Mailing Add			b. Job Title/		d. C	Comments		
	de city, state, & zi	ip)		Materials S	cientist				
	MEREDITH ivermont Rd			c. Employer	's Name/Specific Field	1			
	AM, NC 27712			Chromatir		1			
	1101, 110 27712			Cintomath		e. F	dection Sum to Date		
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	WJFD	Credit Card			12/05/2023		\$ 100.00		
			JAN 2				\$		
			DURHA	M BOE			\$		
4. Tota	al only this Pa	ge				\$	700.00		
5. Tota	5. Total of ALL CRO-1210 Pages				A11-41 8 4	4	10.554.00		
(This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	10,554.00		

Pg 9 of 14 Amendment No

1. Com	nittee Full Name	2. ID Number					
WEND	Y JACOBS FOR	COUNTY COMMIS	SSIONER				
3. Cont	ributor Informati	on		Add 🗆 Re	move		
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/Profession			Comments
-	de city, state, & z	ip)		fellow			
ERIC N 809 He	vrryn rmitage Court Dr	,		c. Employer's Name/Specific Field			
	AM, NC 27707			duke		L	
						e. E	dection Sum to Date
						\$	150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	WJFD	Credit Card			12/06/2023		\$ 150.00
							\$
							\$
	ributor Informati			Add Re			
	n. Full Name, Mailing Address & Phone (include city, state, & zip)				ofession	d. C	Comments
(include city, state, & zip)			Retail Grocer	y Co-ops			
	DON MOFFITT 2114 Wilson St			c. Employer's Name/Specific Field			
1	DURHAM, NC 27705			Self (finance	consultant)		
						e. E	lection Sum to Date
						\$	100.00
f. Prior	-	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	WJFD	Credit Card			12/05/2023		\$ 100.00
							\$
							\$
	ributor Informati			Add Re			
	ame, Mailing Add de city, state, & zi			b. Job Title/Pr		d. C	Comments
	MOONEY	(P)		Not Employe	d		
	OODBURN RD			c. Employer's	Name/Specific Field		
	AM, NC 27705			Not Employe	ed		
						e. E	lection Sum to Date
						\$	150.00
f. Prior	g. Account Code	h. Form of Payment	i. In Kind Des	reintion	j. Date (mm/dd/yyyy)		k. Amount
	WJFD	Credit Card		OON	12/14/2023		\$ 150.00
			JAN 24				\$
			DURHAM	BOE			\$
4. Tota	Total only this Page				\$	400.00	
	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100					\$	10,554.00
		J	-01100)		Charles and the same of the sa		

Pg 10 of 14 Amendment No

1. Com	mittee Full Name	(and Fund if applicabl			2.]	ID Number			
WEND	Y JACOBS FOR	COUNTY COMMIS	SSIONER						
3. Cont	ributor Informati	on		Add Re	move				
a. Full N	lame, Mailing Ado	dress & Phone		b. Job Title/Profession			d. Comments		
	de city, state, & z	ip)		Operations Director					
	hawnee St			c. Employer's Name/Specific Field					
	AM, NC 27701			Brighter Futu	re Institute	1_			
						e. F	Election Sum to Date		
						\$	54.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	WJFD	Credit Card			12/06/2023		\$ 54.00		
							\$		
							\$		
	ributor Informati			Add Re					
	a. Full Name, Mailing Address & Phone (include city, state, & zip)				ofession	d. C	Comments		
		ip)		Not Employe	d				
	KENNETH ROSEN 80 Central Park west-3B			e Employer's	Name/Specific Field				
IVIAIIIIA	Manhattan, NY 10023			Not Employed			Dection Sum to Date		
						•	250.00		
						\$	250.00		
f. Prior		h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)		k. Amount		
	WJFD	Credit Card			12/11/2023		\$ 250.00		
							\$		
							\$		
	ributor Informati				move				
	lame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments		
	de city, state, & zi	ip)		partner					
SUSAN				c Employer's	Name/Specific Field				
	Vestfield Drive AM, NC 27705			moss+ross	vanic/Specific Freid				
DOMI	AIVI, NC 27703			mosstross		e. F	Tection Sum to Date		
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	Diption	j. Date (mm/dd/yyyy)		k. Amount		
	WJFD	Credit Card	i. In-Kind Des	-u2.OV	12/20/2023		\$ 100.00		
			JAN 5	2 4 2024			\$		
			DURH	AM BOE			\$		
4. Tota	al only this Pa	ge				\$	404.00		
5. Tota	al of ALL CR		Page ("RO. 1100)				10,554.00		
(x mas t	one monde of ou this	o of Deminen Danimury I	**8c CAU-1100)						

Con Use th

					Amendm	ent	
tributions from Individuals	Pg	11	of	14	☐ Yes	X No	
		MEO	100	CID () 100	ر شم		

OSC this	tomito report in	dividual continuations	0 4 61 \$50 61 66	muluutions u	idei \$50 ii ioiiii eke i	200	B not used	
1. Comm	nittee Full Name	(and Fund if applicable	e)			2. I	D Number	
WEND	Y JACOBS FOR	COUNTY COMMIS	SIONER					
3. Contr	ibutor Informati	0 11		Add Re	move			
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/Pr	ofession	d. Comments		
(inclu	de city, state, & zi	ip)		RETIRED				
STEVE	SCHEWEL							
	CLUB BLVD			c. Employer's	Name/Specific Field			
DURH	AM, NC 27705			RETIRED				
	•					e. E	lection Sum	to Date
						\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	WJFD	Check			12/03/2023		\$	500.00
							\$	
							\$	
3. Conti	ibutor Informati	00		Add 🔲 Re	move			
a. Full N	ame, Mailing Add	iress & Phone		b. Job Title/Pr	ofession	d, C	Comments	
(inclu	de city, state, & zi	ip)		Not Employe	d			
NANC'	Y SIVILLI							
	ST ROAD			c. Employer's	Name/Specific Field			
	WEST ORANGE, NJ 07052			Not Employe	ed			
	,			' '		e. E	lection Sum	to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	WJFD	Credit Card			12/15/2023		\$	250.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add 🗆 Re	move			
	ame, Mailing Add			b. Job Title/Pi		d. C	Comments	
(inclu	de city, state, & zi	ip)		Physician				
MALV	IN Swartz							
	lpine Rd			c. Employer's	Name/Specific Field			
DURH	AM, NC 27707			Duke				
						e. E	lection Sum	to Date
	<u></u>					\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	WJFD	Credit Carel	EHOOL		12/06/2023		\$	100.00
			2 4 2024				\$	
		DUF	HAM BOE				\$	
4. Tota	al only this Pa	ge				\$		850.00
5. Tota	al of ALL CR	O-1210 Pages	Page CIDA 110AL			\$	10	0,554.00
(This I	ine must be on line	6 of Detailed Summary P	age CKO-1100)	1				

Pg 12 of 14 Amendment No

1. Com	nittee Full Name	(and Fund if applicabl		2.1	ID Number				
WEND	Y JACOBS FOR	COUNTY COMMIS	SSIONER						
3. Cont	ributor Informati	on		Add R	emove				
	lame, Mailing Add			b. Job Title/Profession			d. Comments		
-	de city, state, & z			Not Employed					
	Szlosberg-Landis osedale ave			c. Employer's Name/Specific Field					
	GH, NC 27607			Not Employ	ed				
						e. I	dection Sum to Date		
						\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	WJFD	Credit Card			12/13/2023		\$ 250.00		
							\$		
							\$		
	ributor Informati				emove				
	a. Full Name, Mailing Address & Phone (include city, state, & zip)				rofession	d. C	Comments		
(include city, state, & zip)				Not Employe	ed				
ROBERT TEER				c. Employer's	Name/Specific Field	-			
	3520 Stoneybrook Drive DURHAM, NC 27705			Not Employ		1			
DOM	AIVI, NC 21103			Not Employ	cu	e. F	dection Sum to Date		
						\$	1,000.00		
f Duion	a Assovat Code	h. Form of Payment	i. In-Kind Des		j. Date (mm/dd/yyyy)		k. Amount		
-	WJFD	Credit Card	I. III-Killu Des	cription	1				
	MJLD	Ordan ourd			12/20/2023		\$ 1,000.00		
							\$		
							\$		
	ributor Informati				emove				
	lame, Mailing Add			b. Job Title/P		d. (Comments		
	de city, state, & z	(p)		Not Employe	ed				
	Y TRENK th Avenue			c. Employer's	Name/Specific Field				
	tan, NY 10065			Not Employ	ed	1			
	,					e. I	dection Sum to Date		
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des		j. Date (mm/dd/yyyy)		k. Amount		
	WJFD	Credit Card	IN PERS	ON	12/07/2023		\$ 100.00		
			JAN 2 4 7	024			\$		
			DURHAM	BOE			\$		
4. Tota	al only this Pa	ge				\$	1,350.00		
	al of ALL CR	O-1210 Pages 6 of Detailed Summary 1	Dago ('P() 110^\			\$	10,554.00		
(Inist	me musi ve va une	o oj venuncu summury k	uge CAU-1100)						

				. Am	endm	ent	
Pg	13	of	14		Yes	X	No

1. Com	. Committee Full Name (and Fund if applicable)							2. ID Number		
		COUNTY COMMIS								
3. Cont	ributor Informati	on		Add Remove						
	lame, Mailing Ado			b. Job Title/Profession			d. C	Comments		
<u> </u>	de city, state, & z	ip)		ATTORNEY						
	ARD TRENK ST ROAD			c. Employer's Name/Specific Field						
	ORANGE, NJ 0	7052		TRENK, ISABEL, SIDDIQI,						
	-					AN, P.C.	e. E	lection Sum to Date		
						\$	1,000.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount		
	WJFD	Credit Card				12/07/2023		\$ 1,000.00		
								\$		
								\$		
	3. Contributor Information					nove				
	a. Full Name, Mailing Address & Phone					ofession	d. C	Comments		
	(include city, state, & zip) STEVEN TRENK									
				c. Employer's Name/Specific Field						
	8259 E ALAMEDA RD SCOTTSDALE, AZ 85255			Air Pe	gasus H	Heliport, Inc				
							e. E	dection Sum to Date		
						v-	\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount		
	WJFD	Credit Card				12/28/2023		\$ 250.00		
								\$		
								\$		
3. Cont	ributor Informati	on		Add	☐ Rer	nove				
	lame, Mailing Add						d. C	Comments		
	de city, state, & z	ip)		Resear	cher					
ERIC V 1507 H	veibe ermitage Ct			c. Em p	loyer's l	Name/Specific Field				
DURH	AM, NC 27707			NC St	ate Uni	versity	e li	lection Sum to Date		
							\$	100.00		
f. Prior		h. Form of Payment Credit Card	i. In-Kind Des			j. Date (mm/dd/yyyy)		k. Amount		
	WJFD	Credit Card	IN PERS	ON		12/28/2023		\$ 100.00		
			JAN 2 4	7074				\$		
			37770 LAD 3	DOF				\$		
4. Tota	al only this Pa	ge	DURHAM	BOL			\$	1,350.00		
	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Pana CPO-1100\	W.	8		\$	10,554.00		
(I MIS' I	ine musi ve on une	o oj venueu sammary i	uge CAU-1100)							

Co

					Amendme	ent	
Contributions from Individuals	Pg	14	of	14	☐ Yes	No No	
Use this form to report individual contributions over \$50 or contribution	s und	ler \$50	if for	m CRO 120	05 is not use	d	

1. Committee Full Name (and Fund if applicable)					2. ID Number					
WEND	Y JACOBS FOR	COUNTY COMMIS	SSIONER							
3. Cont	ributor Informati	on		Add Re	emove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Julianna Woodmansee 3506 Ogburn Ct DURHAM, NC 27705				b. Job Title/Profession Attotney c. Employer's Name/Specific Field Woodmansee & Szombatfalvy			d. Comments			
							e. Election Sum to Date			
								500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	escription j. Date (mm/dd/yyyy)		,	k. Amoi	unt		
	WJFD	Credit Card			12/06/2023		\$	500.00		
							\$			
							\$			
4. Total only this Page						\$		500.00		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$		10,554.00		

CRO-1210 NC State Board of Elections April 2007

IN PERSON

JAN 2 4 2024

DURHAM BOE

					Amendment		
Disbursements	Pg	_1_	of	1_	☐ Yes	X No	

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				
WENDY JACOBS FOR COUNTY COMMISSIONER										
3. Type of Dis burs ement (Please use separate CRO-1310 forms for each type of Disbursement.)										
☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures										
4. Payee Information										
a. Full Name, Ma	b. Coordinate	d Com	nittee Na	me	d. Comm	ents				
(include city, sta	te, & zip)									
ACTBLUE CHARITIES, INC.										
366 Summer St	c. Level Registered (Specify)									
SOMERVILLE	, MA 02144			☐ Federal ☐ County: ☐ State ☐ Municipality:			a Mastia	n Sum to Date		
				LI State		withittip	anty.	c. Ezectio	ii Sum to Date	
								\$	388.30	
		h. Purpose Code	i. Date	(mm/dd/yyyy)	_		_	quired Re		
WJFD	Electric Funds Tran	С	12	2/31/2023	\$	388.30		NK FEES FOR		
					\$		DON	IATION	WEBSITE	
4. Payee Inform	etion		П	Add	Remov	ze.				
	ailing Address & Pho	one	hand	b. Coordinate			ım e	d. Comm	ents	
(include city, sta	_									
	JNTY BOARD OF	ELECTIONS								
201 N ROXBO				c. Level Regis	tered (S	pecify)				
DURHAM, NC				Federal County:						
				State Mun			ality: e. Election Sum to Da			
								\$	431.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quired Re	marks	
WJFD	Check	Н	12			431.00	FILING FEE			
					\$					
4. Payee Inform	ation			Add 🔲	Remov	/e				
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Comn	nittee Na	me	d. Comm	ents	
(include city, sta	te, & zip)									
EMBRY WOO				a Lavai Dagistavad (Cnasify)						
1314 GLENDALE AVE, B				c. Level Registered (Specify) Federal County:						
DURHAM, NC 27701				State		/ ·		e. Electio	n Sum to Date	
				is scarce in the		www	uniy.			
								\$	720.00	
f. Account Code g. Form of Payment		h. Purpose Code i. Date (mm		(mm/dd/yyyy) j. Amouı		unt k. Re		guired Re	marks	
WJFD	Check	E	12	2/11/2023	\$	720.00				
					\$					
5. Total only this Page							\$	1,539.30		
6. Total of ALL	CRO-1310 Pages		TR.							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)									1 520 20	
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) \$ 1,539.30									1,339.30	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)										
7. Purpose Co	des (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 E					ffice Expenses					
I - Postage J - Penaltien PERSONK* - Office Expenses Q* - Donation to Legal Expense Fund										
O* Other										
* Codes require detailed explanation in required gemarks field (k)										