

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 WAKE CITIZENS FOR GOOD GOVERNMENT	c. ID Number 80-0484689
b. Mailing Address (include City, State and Zip Code) 1605 BRIDGEPORT DRIVE RALEIGH, NC 27615	d. Date Filed 01/15/2010
COPY	
e. Phone Number (919) 264-3453	

2. Report Year 2009	3. Period Start Date (mm/dd/yy) 09/28/2009	4. Period End Date (mm/dd/yy) 10/07/2009	5. Treasurer Full Name Leslie B. Karlsson
-------------------------------	--	--	---

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
8. Number of Fundraisers this Report 0		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name CAPSTONE BANK		a. Financial Institution Full Name	
b. Purpose RECEIPT AND DISBURSEMENT OF FUNDS	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0.00		d. Period Begin Balance \$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Leslie B. Karlsson Leslie B. Karlsson 01/15/2010
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: JAN 15 2010 Employee: [Signature]

Date Postmarked: _____ Employee: _____

Date Scanned: [Signature] Employee: [Signature]

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

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. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

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	
WAKE CITIZENS FOR GOOD GOVERNMENT		2009 Organizational			
Start of Election Cycle: January 1, 2009			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 0.00		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$ 0.00		\$ 0.00
6) Contributions from Individuals		(CRO-1210)	\$ 16,000.00		\$ 16,000.00
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)	\$ 6,000.00		\$ 6,000.00
10) Refunds/Reimbursements to the Committee		(CRO-1240)	\$ 0.00		\$ 0.00
11) Other Receipt Sources					
11a) Interest on Bank Accounts		(CRO-1250)	\$ 0.00		\$ 0.00
11b) Contributions from Not-For-Profit Organizations		(CRO-1250)	\$ 0.00		\$ 0.00
11c) Outside Sources of Income		(CRO-1250)	\$ 0.00		\$ 0.00
11d) Legal Expense Fund - Other Sources		(CRO-1270)	\$ 0.00		\$ 0.00
11e) 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)			\$ 22,000.00		\$ 22,000.00
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$ 13,911.00		\$ 13,911.00
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)	\$ 6,000.00		\$ 6,000.00
16) Refunds/Reimbursements from the Committee		(CRO-1320)	\$ 0.00		\$ 0.00
17) In-Kind Contributions		(CRO-1510)	\$ 0.00		\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 19,911.00		\$ 19,911.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 2,089.00		\$ 2,089.00
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		(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

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	
WAKE CITIZENS FOR GOOD GOVERNMENT							
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	
LINDA G. DAVIS 819 E. JONES STREET RALEIGH, NC 27601 (919) 782-8336				RETIRED			
				c. Employer's Name/Specific Field			
				e. Election Sum to Date			
				\$		2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Check		10/02/2009		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
C. DEAN DEBNAM 1410 PARK DRIVE RALEIGH, NC 27605				PRESIDENT			
				c. Employer's Name/Specific Field			
				ULTIMATE PRODUCTS INC			
				e. Election Sum to Date			
				\$		4,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Check		09/28/2009		\$ 4,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KENNETH EUDY JR 319 E. JONES STREET RALEIGH, NC 27601				CONSULTANT			
				c. Employer's Name/Specific Field			
				CAPSTRAT			
				e. Election Sum to Date			
				\$		4,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Check		10/02/2009		\$ 4,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 10,000.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 16,000.00	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
WAKE CITIZENS FOR GOOD GOVERNMENT							
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	
STEPHANIE FANJUL 1410 PARK DRIVE RALEIGH, NC 27605				PRESIDENT			
				c. Employer's Name/Specific Field			
				NC PARTNERSHIP FOR CHILDREN		e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		09/30/2009	\$ 2,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JOHN WILSON 5007 DUNWOODY TRAIL RALEIGH, NC 27606				EXECUTIVE DIRECTOR			
				c. Employer's Name/Specific Field			
				NEA		e. Election Sum to Date	
						\$ 4,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		10/01/2009	\$ 4,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 6,000.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 16,000.00	

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
WAKE CITIZENS FOR GOOD GOVERNMENT					
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. DEAN DEBNAM 1410 PARK DRIVE RALEIGH, NC 27605		PRESIDENT			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		ULTIMATE PRODUCTS INC		09/28/2009	
				f. End Date (mm/dd/yyyy)	
				10/06/2009	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment		k. Amount
%		1	Check		\$ 6,000.00
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>				\$ 6,000.00	

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) WAKE CITIZENS FOR GOOD GOVERNMENT	2. ID Number
---	---------------------

3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>	
<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees
<input type="checkbox"/> Coordinated Party Expenditures	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
--	--

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> CAMPAIGN CONNECTIONS 3141 JOHN HUMPHRIES WYND RALEIGH, NC 27612-5382 (919) 834-8994	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date \$ 2,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	10/06/2009	\$ 2,000.00	VIDEO PRODUCTION
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
--	--

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> JACQUE ESSLINGER 145 VILLAGE DRIVE HENDERSON, NC 27537	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date \$ 236.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	10/06/2009	\$ 236.00	TAX ID & SAME DAY FEE
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
--	--

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> MYS MEDIA 7108 LEVERET CIRCLE RALEIGH, NC 27615 (919) 676-3002	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date \$ 525.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	10/06/2009	\$ 525.00	SCHEDULE TV ADS
				\$	

5. Total only this Page	\$ 2,761.00
--------------------------------	-------------

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>	\$ 13,911.00
--	--------------

7. Purpose Codes (List detailed expenditure code in (h.) above)			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	O* - Other
* Codes require detailed explanation in required remarks field (k)			

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
WAKE CITIZENS FOR GOOD GOVERNMENT							
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	
WRAL-TV 2619 WESTERN BLVD RALEIGH, NC 27606-2125 (919) 821-8555							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 11,150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	09/30/2009	\$ 11,150.00	TV ADS		
				\$			
5. Total only this Page						\$ 11,150.00	
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>						\$ 13,911.00	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		O* - Other	
* Codes require detailed explanation in required remarks field(k)							

CRO-1310

Loan Repayments

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
WAKE CITIZENS FOR GOOD GOVERNMENT					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
C. DEAN DEBNAM 1410 PARK DRIVE RALEIGH, NC 27605				c. Original Loan Date	
				09/28/2009	
				d. Original Loan Amount	
\$ 6,000.00					
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 2,000.00	1	Check	10/01/2009	\$ 4,000.00	
\$ 0.00	1	Check	10/06/2009	\$ 2,000.00	
4. Total only this Page				\$ 6,000.00	
5. Total of ALL CRO-1420 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 6,000.00	

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	
WAKE CITIZENS FOR GOOD GOVERNMENT			80-0484689	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
1605 BRIDGEPORT DRIVE RALEIGH, NC 27615			01/15/2010	
			e. Phone Number	
			69197 264-3453	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2009	10/08/2009	12/31/2009	LESLIE B. KARLSSON	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign <input checked="" 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		
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		
CAPSTONE BANK				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
RECEIPT AND DISBURSEMENT OF FUNDS	1			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 2,089.00		\$	
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.				
<u>Leslie B. Karlsson</u> Printed Name of Signer		 Signature of Appointed Treasurer		01/15/2010 Date
FOR OFFICE USE ONLY				
Date Received:	_____	Employee:	_____	
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	_____	Employee:	_____	
Date Data Entered:	_____	Employee:	_____	
Delivery Method <input type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

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	
WAKE CITIZENS FOR GOOD GOVERNMENT		2009 Year End Semi-Annual			
Start of Election Cycle: January 1, 2009			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 2,089.00		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 0.00	
6) Contributions from Individuals (CRO-1210)		\$ 0.00		\$ 16,000.00	
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		\$ 6,000.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) 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)		\$ 0.00		\$ 22,000.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 35.00		\$ 13,946.00	
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		\$ 6,000.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 35.00		\$ 19,946.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,054.00		\$ 2,054.00	
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 (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	

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	
WAKE CITIZENS FOR GOOD GOVERNMENT							
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	
CAPSTONE BANK 4505 FALLES OF NEUSE ROAD, STE 100 RALEIGH, NC 27609 (919) 256-6842							
				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:			
						\$ 35.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Draft	O	10/30/2009	\$ 35.00	STOP PAYMENT 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	
MYS MEDIA 7108 LEVERET CIRCLE RALEIGH, NC 27615 (919) 676-3002							
				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:			
						\$ 525.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	10/19/2009	\$ (525.00)	VOID CHECK # 944		
1	Check	A	10/19/2009	\$ 525.00	REPLACE VOIDED CHECK # 944		
5. Total only this Page						\$ 35.00	
6. Total of ALL CRO-1310 Pages							
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						\$ 35.00	
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		O* - Other	
* Codes require detailed explanation in required remarks field (k)							



Board of Elections

TEL 919 856 6240
FAX 919 856 5864

P.O. Box 695 • Raleigh, NC 27602-0695
www.co.wake.nc.us

CERTIFICATION OF DELINQUENT REPORTS

TO: NC State Board of Elections
Campaign Finance Department
PO Box 27255
Raleigh, NC 27611-7255

FROM: Wake County Board of Elections

DATE: February 15, 2010

The following report was due at least fifteen (15) days ago and has not been received by Campaign Reporting at our County Board of Elections. Five (5) days after the due date a document contact was made to the treasurer of the political committee.

Pursuant to N.C.A.C/ TO8:01.0004, Notice of Noncompliance must be sent by the State Board of Elections.

Name, Address & Office of the Candidate or Political Committee	Name & Address of the Committee Treasurer	Report Name	Due Date
Committee to Elect Michael Roberts 96 Sherman Lakes Drive Fuquay Varina, NC 27526	Cassandra Gentry, Treasurer 96 Sherman Lakes Drive Fuquay Varina, NC 27526	2009 Year End	01/29/2010
Helen Tart for City Council 611 Monroe Drive Raleigh, NC 27604	Helen Tart, Treasurer 611 Monroe Drive Raleigh, NC 27604	2009 Year End	01/29/2010
Comm to Elect Mark Traveis	Ms. Marie Raitz, Treasurer 6308 Winter Spring Drive Wake Forest, NC 27587	2009 Year End	01/29/2010
✓ Wake Citizens for Good Government, PAC	Leslie B. Karlson, Treasurer 1605 Bridgeport Drive Raleigh, NC 27615	2009 Year End	01/29/2010

Submitted by:

Cheri G. Couch
Director's Signature
IRC - 202

2-15-10
Date

Statement of Organization - Political Action Committee

Use this form to create a new or update an existing political action committee (PAC).
This form must be accompanied by form CRO-3500.

JAN 0 2010
Amendment Yes No

COPY

1. Committee Information	
a. Full Name Wake Citizens for Good Government	c. ID Number 80-0484689
b. Mailing Address (include City, State and Zip Code) 1605 Bridgeport Drive Raleigh, NC 27615	d. Date Organized 10-07-09
	e. Phone Number (919) 264-3453

2. Political Action Committee Information		3. Connected Organization or Affiliated Committee	
a. Category (Check only one)		a. Full Name	
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Environment <input checked="" type="checkbox"/> Get Out the Vote <input type="checkbox"/> Health <input type="checkbox"/> Information Technology / Telecommunications <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Manufacturing <input type="checkbox"/> Minority <input type="checkbox"/> Political Party not part of Party Plan of Org. <input type="checkbox"/> Religious <input type="checkbox"/> Trade <input type="checkbox"/> Utilities <input type="checkbox"/> Other / Not listed		b. Mailing Address (include City, State, and Zip Code)	
b. Type (Check only one)		c. Phone Number	d. Relationship
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input checked="" type="checkbox"/> Political Purpose		d. Member Definition	
c. Definition of Type To support candidate without vested interests			

4. Treasurer Information		5. Custodian of Books Information	
a. Full Name Leslie B. Karlsson		a. Full Name Leslie B. Karlsson	
b. Mailing Address (include City, State, and Zip Code) 1605 Bridgeport Drive Raleigh, NC 27615		b. Mailing Address (include City, State, and Zip Code) 1605 Bridgeport Drive Raleigh, NC 27615	
c. Phone Number (919) 264-3453	d. Email Address lkarlsson3@gmail.com	c. Phone Number (919) 264-3453	d. Email Address lkarlsson3@gmail.com

6. Assistant Treasurer Information		7. Account Information (incl. CRO-3500)	
a. Full Name Michael W. Murdock		a. Financial Institution Full Name CapStone Bank	
b. Mailing Address (include City, State, and Zip Code) 2726 Clark Ave. Raleigh, NC 27607		b. Purpose Receipt and disbursement of funds	
c. Phone Number (919) 455-1320	d. Email Address michaelmurdock1949@yahoo.com	c. Account Code 1	d. Type Checking

RECEIVED
DEC 30 2009
[Signature]
CAMPAIGN REPORTING

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.

Leslie B. Karlsson
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

12-30-09
Date

October 14, 2009

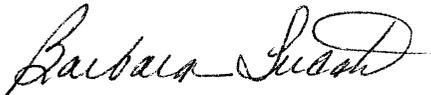
A call was made to Dean Debnam, a spokesperson for the Wake Citizens for Good Government PAC regarding the replacement of a treasurer. Mr. Debnam stated that a treasurer would be appointed within a day or two from the above date and the name and address will be forwarded to this office. He was informed that a campaign finance report would be due on October 26.

October 21, 2009

A message was left for Mr. Debnam to remind him that a campaign finance report is due on Oct 26. I asked for him to return my call and leave me his address so that I could send him the report due notice.

He was again reminded that October 26 is the date that the new treasurer will need to be appointed.

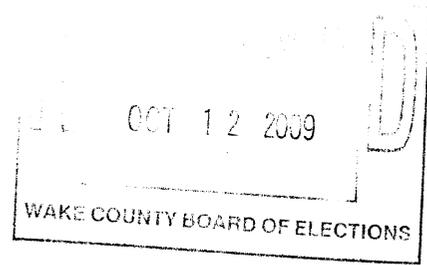
Submitted by

A handwritten signature in cursive script, appearing to read "Barbara H. Sucato".

Barbara H. Sucato
Campaign Finance Manager
Wake County Board of Elections

October 9, 2009

Wake County Board of Elections
and
Wake Citizens for Good Government

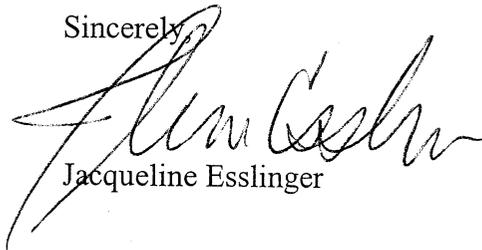


Re: Resignation as Treasurer.

By this letter to the Wake County Board of Election and Wake Citizens for Good Government, I formally resign for the position as treasurer of the about stated group.

This resignation is immediate.

Sincerely,



Jacqueline Esslinger

Disclosure Report Cover

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.

RECEIVED
online
 OCT - 8 2009

Amendment
 Yes No

1. Committee Information

a. Full Name Wake Citizens for <i>WAKE COUNTY BOARD OF ELECTIONS</i>	c. ID Number 80-0484689
b. Mailing Address (include City, State and Zip Code) 145 Village Dr. Henderson, NC 27537	d. Date Filed 10-7-09
	e. Phone Number 919-272-7168

2. Report Year 2009	3. Period Start Date (mm/dd/yy) 09-28-09	4. Period End Date (mm/dd/yy) 10-7-09	5. Treasurer Full Name Jacqueline Esslinger
-------------------------------	--	---	---

6. Type of Committee (Check One)

<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party
<input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Referendum
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser
<input type="checkbox"/> Legal Expense Fund	

9. Type of Report (check only one type of report from one category)

Municipal	State/County	Referendum
<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Special	<input type="checkbox"/> Final	
	<input type="checkbox"/> Special	

7. Type of Fund (if applicable, check one)

<input type="checkbox"/> Booster Fund
<input type="checkbox"/> Building Fund
<input type="checkbox"/> Other:

8. Number of Fundraisers this Report
- 0 -

10. Special Report Name

11. Account Information

a. Financial Institution Full Name
Cap Stone Bank

b. Purpose
Operating Checking Account

c. Account Code
1

d. Period Begin Balance
\$ - 0 -

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance
\$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Jacqueline Esslinger [Signature] 10-7-09
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

1. Committee Full Name (and Fund if applicable) <i>Wake Citizens For Good Govern</i>	2. Type of Report <i>Organizational</i>	3. ID Number <i>80-0484689</i>
Start of Election Cycle: January 1, _____		
4) Cash on Hand at Start	Total this Reporting Period	Total this Election Cycle
	\$ <i>0-</i>	\$ <i>0-</i>

RECEIPTS

5) Aggregated Contributions from Individuals	<i>(CRO-1205)</i>	\$	\$
6) Contributions from Individuals	<i>(CRO-1210)</i>	\$ <i>16,000.00</i>	\$ <i>16,000.00</i>
7) Contributions from Political Party Committees	<i>(CRO-1220)</i>	\$	\$
8) Contributions from Other Political Committees	<i>(CRO-1230)</i>	\$	\$
9) Loan Proceeds	<i>(CRO-1410)</i>	\$ <i>6,000.00</i>	\$ <i>6,000.00</i>
10) Refunds/Reimbursements to the Committee	<i>(CRO-1240)</i>	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	<i>(CRO-1250)</i>	\$	\$
11b) Contributions from Not-For-Profit Organizations	<i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	<i>(CRO-1250)</i>	\$	\$
11d) Legal Expense Fund - Other Sources	<i>(CRO-1270)</i>	\$	\$
11e) Exempt Purchase Price Sales	<i>(CRO-1265)</i>	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ <i>22,000.00</i>	\$ <i>22,000.00</i>

EXPENDITURES

13) Disbursements			
13a) Operating Expenditures	<i>(CRO-1310)</i>	\$ <i>13,911.00</i>	\$ <i>13,911.00</i>
13b) Contributions to Candidates/Political Committees	<i>(CRO-1310)</i>	\$	\$
13c) Coordinated Party Expenditures	<i>(CRO-1310)</i>	\$	\$
14) Aggregated Non-Media Expenditures	<i>(CRO-1315)</i>	\$	\$
15) Loan Repayments	<i>(CRO-1420)</i>	\$ <i>6,000.00</i>	\$ <i>6,000.00</i>
16) Refunds/Reimbursements from the Committee	<i>(CRO-1320)</i>	\$	\$
17) In-Kind Contributions	<i>(CRO-1510)</i>	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ <i>19,911.00</i>	\$ <i>19,911.00</i>
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ <i>2,089.00</i>	\$ <i>2,089.00</i>

ADDITIONAL INFORMATION

20) Non-Monetary Gifts Given to Other Committees	<i>(CRO-1330)</i>	\$ <i>0</i>	
21) Outstanding Loans (incl. ones from other campaigns)	<i>(CRO-1430)</i>	\$ <i>0</i>	
22) Debts and Obligations owed by the Committee	<i>(CRO-1610)</i>	\$ <i>0</i>	
23) Debts and Obligations owed to the Committee	<i>(CRO-1620)</i>	\$ <i>0</i>	
24) Account Transfers Within the Committee	<i>(CRO-1720)</i>	\$ <i>0</i>	
25) Administrative Support	<i>(CRO-1710)</i>	\$ <i>0</i>	\$ <i>0</i>
26) Forgiven Loans	<i>(CRO-1440)</i>	\$ <i>0</i>	\$ <i>0</i>
27) 48-Hour Notice Reports Sum	<i>(CRO-2220)</i>	\$ <i>0</i>	\$ <i>0</i>
28) Contributions to be Refunded	<i>(CRO-1215)</i>	\$ <i>0</i>	\$ <i>0</i>

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

Pg 1 of 2 Amendment Yes No

1. Committee Full Name (and Fund if applicable) Wake County For Good Government						2. ID Number 80-0484689	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) C. Dean Debnam 1410 Park Dr. Raleigh, NC 27605 919-834-2341				b. Job Title/Profession President/owner		d. Comments	
				c. Employer's Name/Specific Field Ultimate Products Inc		e. Election Sum to Date \$ 4000.00	
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		9/28/09	\$ 4000.-		
<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) Stephanie Fanjul 1410 Park Dr. Raleigh, NC 27605 919-834-2341				b. Job Title/Profession President		d. Comments	
				c. Employer's Name/Specific Field NC Partnership for Children		e. Election Sum to Date \$ 2000.00	
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		9/30/09	\$ 2000.00		
<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) John Wilson 5007 Dunwoody Trail Raleigh, NC 27605 919-851-5928				b. Job Title/Profession Executive Dir		d. Comments	
				c. Employer's Name/Specific Field NEA		e. Election Sum to Date \$ 4000.00	
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		10/1/09	\$ 4000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 10,000.-	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)

2. ID Number

80-0484689

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Linda Davis
319 E Jones St.
Raleigh, NC 27601
919-782-8336

b. Job Title/Profession

Retired

d. Comments

c. Employer's Name/Specific Field

e. Election Sum to Date

\$ 2000.00

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		10/2/09	\$ 2000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Kenneth Eudy, Jr.
319 E Jones St
Raleigh, NC 27601
919-637-1962

b. Job Title/Profession

Consultant

d. Comments

c. Employer's Name/Specific Field

Capstrat

e. Election Sum to Date

\$ 4000.00

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		10/2/09	\$ 2000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

b. Job Title/Profession

d. Comments

c. Employer's Name/Specific Field

e. Election Sum to Date

\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page

\$ 6000.00

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$ 16,000.00

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) Wake Citizens for Good Government **2. ID Number** 80-0484689

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
WRAL - TV
2619 Western Blvd
Raleigh, NC 27606-2125
919-821-8555

b. Coordinated Committee Name

c. Level Registered (Specify)
 Federal County:
 State Municipality:

d. Comments

e. Election Sum to Date
\$ 11,150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>Check</u>	<u>A#</u>	<u>9/30/09</u>	<u>\$ 11,150.00</u>	<u>TV Ad</u>
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Campaign Connections
3141 John Hemphries Wynd
Suite 136
Raleigh NC 27612-5382
919-834-8994

b. Coordinated Committee Name

c. Level Registered (Specify)
 Federal County:
 State Municipality:

d. Comments

e. Election Sum to Date
\$ 2000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>Check</u>	<u>A#</u>	<u>10/6/09</u>	<u>\$ 2000.00</u>	<u>Video Production</u>
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
MYS Media
7108 Levolet Circle
Raleigh, NC 27615
919-676-3002

b. Coordinated Committee Name

c. Level Registered (Specify)
 Federal County:
 State Municipality:

d. Comments

e. Election Sum to Date
\$ 525.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>Check</u>	<u>A#</u>	<u>10/6/09</u>	<u>\$ 525.00</u>	<u>Schedule TV Ad</u>
				\$	

5. Total only this Page \$ 13675.00

6. Total of ALL CRO-1310 Pages \$

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	O* - Other

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

Disbursements

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

1. Committee Full Name (and Fund if applicable) <u>Wake Citizens For Good Government</u>	2. ID Number <u>80-0484689</u>
--	--

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Jacqueline Esslinger</u> <u>145 V. Hage Dr.</u> <u>Henderson, NC 27537</u> <u>919-272-7168</u>	b. Coordinated Committee Name _____ c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments _____ e. Election Sum to Date \$ <u>236.00</u>
--	--	---

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>check</u>	<u>04</u>	<u>10/16/09</u>	<u>\$236.00</u>	<u>Cost for same Day EIN Number</u>
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) _____	b. Coordinated Committee Name _____ c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments _____ e. Election Sum to Date \$
---	---	---

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) _____	b. Coordinated Committee Name _____ c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments _____ e. Election Sum to Date \$
---	---	---

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

5. Total only this Page \$ 236.00

6. Total of ALL CRO-1310 Pages \$ 13911.00
 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

- 7. Purpose Codes** (List detailed expenditure code in (h.) above)
- | | | | |
|--------------|----------------|----------------------|-------------------------------------|
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses |
| I - Postage | J - Penalties | K* - Office Expenses | O* - Other |
- * Codes require detailed explanation in required remarks field (k)

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

Pg 1 of 1 Amendment Yes No

1. Committee Full Name (and Fund if applicable)

Wake Citizens for Good Government

2. ID Number

80-0484689

3. Lender Information

Add Remove

a. Full Name, Mailing Address & Phone
 (include city, state, & zip)

C. Dean Debnam
 1410 Park Dr.
 Raleigh, NC 27605
 919-834-2341

b. Job Title/Profession

President/owner

d. Comments

e. Start Date (mm/dd/yyyy)

9/28/09

c. Employer's Name/Specific Field

Ultimate
 Products Inc

f. End Date (mm/dd/yyyy)

10/7/09

g. Rate

0%

h. Security Pledged

i. Account Code

1

j. Form of Payment

Check

k. Amount

\$ 6000.00

l. Full Name of Lending Institution

m. Loan Number

4. Endorsers/Makers (The people who guarantee the loan.)

a. Full Name, Mailing Address & Phone
 (include city, state, & zip)

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Percentage

%

e. Amount

\$

a. Full Name, Mailing Address & Phone
 (include city, state, & zip)

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Percentage

%

e. Amount

\$

a. Full Name, Mailing Address & Phone
 (include city, state, & zip)

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Percentage

%

e. Amount

\$

a. Full Name, Mailing Address & Phone
 (include city, state, & zip)

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Percentage

%

e. Amount

\$

5. Total of ALL CRO-1410 Pages

(This line must be on line 9 of Detailed Summary Page CRO-1100)

\$ 6000.00

CRO-1410

Loan Repayments

Use this form to report payments on an existing loan.

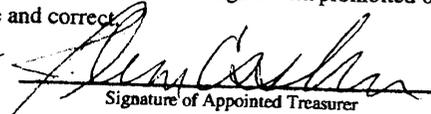
1. Committee Full Name (and Fund if applicable)				2. ID Number	
Wu Ke Citizens for Good Government				80-0484689	
3. Lender Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
C. Dean Debnam 1410 Park Dr. Raleigh, NC 27605 919-834-2341					
				c. Original Loan Date	
				9/30/09	
				d. Original Loan Amount	
				\$ 6000.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 2000.00	1	Check	10/1/09	\$ 4000.00	
\$ 0	1	Check	10/6/09	\$ 2000.00	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page				\$ 6000.00	
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 6000.00	

RECEIVED
 SEP 28 2009
 CAMPAIGN REPORTING

Statement of Organization - Political Action Committee

Use this form to create a new or update an existing political action committee (PAC).
 This form must be accompanied by form CRO-3500.

Amendment
 Yes No

1. Committee Information			
a. Full Name		c. ID Number	
Wake Citizens for Good Government		80-0484689	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
145 Village Drive, west Henderson, NC 27537		09-28-2009	
		e. Phone Number	
		(919) 272-7168	
2. Political Action Committee Information		3. Connected Organization or Affiliated Committee	
a. Category (Check only one)		a. Full Name	
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Environment <input checked="" type="checkbox"/> Get Out the Vote <input type="checkbox"/> Health <input type="checkbox"/> Information Technology / Telecommunications <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Manufacturing <input type="checkbox"/> Minority <input type="checkbox"/> Political Party not part of Party Plan of Org. <input type="checkbox"/> Religious <input type="checkbox"/> Trade <input type="checkbox"/> Utilities <input type="checkbox"/> Other / Not listed			
b. Type (Check only one)		b. Mailing Address (include City, State, and Zip Code)	
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input checked="" type="checkbox"/> Political Purpose			
c. Definition of Type		c. Phone Number	
to support candidates without vested interests			
		d. Relationship	
d. Member Definition			
4. Treasurer Information		5. Custodian of Books Information	
a. Full Name		a. Full Name	
Jacqueline Esslinger		Jacqueline Esslinger	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
145 Village Drive, west Henderson, NC 27537		145 Village Drive, west Henderson, NC 27537	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(919) 272-7168	jacquesplace@gmail.com	(919) 272-7168	jacquesplace@gmail.com
6. Assistant Treasurer Information		7. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
Michael W. Murdock		Cap Stone Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
2726 Clark Ave. Raleigh, NC 27607		Receipt + Disbursement of funds	
c. Phone Number	d. Email Address	c. Account Code	d. Type
(919) 455-1520	michaelmurdock@tbo@yahoo.com	1	Checking
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.			
Jacqueline Esslinger Printed Name of Signer		 Signature of Appointed Treasurer	
		09-28-2009 Date	

CRO-2100D

NC State Board of Elections

December 2007



North Carolina
 State Board of Elections
 506 N Harrington Street
 Raleigh, NC 27603

SEP 28 2009
 CAMPAIGN REPORTING

Kimberly Westbrook-Strach
 Deputy Director - Campaign Finance

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Certification of Incorporated Political Committee

FILED BY:

Committee Name: Wake Citizens For Good Government
 Treasurer Name: Jacqueline Esslinger
 Treasurer Address: 145 Village Drive, West
 (include city, state, & zip) Henderson, NC 27537

 Treasurer Phone: (919) 272-7168

The Campaign Finance Office of the State Board of Elections has received the Articles of Incorporation for the above named committee. As required by NCGS § 163-278.19(g), the committee's purpose is to accept contributions and make expenditures to influence elections as a political committee only. Therefore, the committee is certified and able to conduct business as a political committee.

If at any time the purpose of the committee is changed and/or the Articles of Incorporation amended, this certification is void until such time the changes have been approved by the Campaign Finance Office.

Sept. 28, 2009
 Date Signed

[Signature]
 Signature

Disclosure Report Cover

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.

Amendment
 Yes No

1. Committee Information

a. Full Name Wake Citizens for Good Government		c. ID Number 80-0484689
b. Mailing Address (include City, State and Zip Code) 145 Village Drive, West Henderson, NC 27537		d. Date Filed 09-28-2009
		e. Phone Number (919) 277-7168

2. Report Year 2009	3. Period Start Date (mm/dd/yy) 09-28-2009	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name Jacqueline Estinger
-------------------------------	--	-------------------------------	--

6. Type of Committee (Check One) <input type="checkbox"/> Candidate Campaign <input checked="" 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		9. Type of Report (check only one type of report from one category) <table border="1"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td><input checked="" type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		Municipal	State/County	Referendum	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
Municipal	State/County	Referendum																																					
<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																					
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum																																					
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final																																					
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final																																					
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual																																					
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special																																					
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual																																						
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year																																						
<input type="checkbox"/> Final	<input type="checkbox"/> Year End																																						
<input type="checkbox"/> Special	<input type="checkbox"/> Final																																						
	<input type="checkbox"/> Special																																						
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input checked="" type="checkbox"/> Other:		10. Special Report Name																																					
8. Number of Fundraisers this Report Zero																																							

11. Account Information a. Financial Institution Full Name CapStone Bank		11. Account Information a. Financial Institution Full Name	
b. Purpose Checking	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 00.00		d. Period Begin Balance \$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Jacqueline Estinger Printed Name of Signer
[Signature] Signature of Appointed Treasurer
09-28-2009 Date

FOR OFFICE USE ONLY

Date Received:	R SEP 28 2009 CAMPAIGN REPORTING	Employee: JSB	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
Date Postmarked:		Employee: _____	
Date Scanned:		Employee: _____	
Date Data Entered:		Employee: _____	

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.