

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 | | |
| 425 S. BOYLAN AVE. APT 1 RALEIGH, NC 27603 | | | 01/20/2012 | | |
| | | | e. Phone Number | | |
| | | | (919) 720-2219 | | |
| 2. Report Year | | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name | |
| 2011 | | 07/01/2011 | 12/31/2011 | STEPHEN WRINN | |
| 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 <input type="checkbox"/> Joint Fundraiser <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund | | Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | | | |
| 7. Type of Fund (if applicable, check one) | | State/County | | Referendum | |
| <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other: | | <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | | <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | | | |
| 0 | | | | | |
| 2. Account Information | | | 3. 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 | | |
| | \$ 25,671.54 | | \$ | | |
| 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 | | | | | |
| <u>STEPHEN WRINN</u> | | <u>Stephen Wrinn</u> | | <u>01/20/2012</u> | |
| Printed Name of Signer | | Signature of Appointed Treasurer | | Date | |
| FOR OFFICE USE ONLY | | | | | |
| Date Received: | <u>1-20-12</u> | Employee: | <u>JUM</u> | Delivery Method | |
| Date Postmarked: | _____ | Employee: | _____ | <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed | |
| Date Scanned: | _____ | Employee: | _____ | <input type="checkbox"/> Signer has not received mandatory training | |
| 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-F) 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 | 2011 Year End Semi-Annual | | |
| Start of Election Cycle: January 1, <u>2010</u> | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 25,671.54 | \$ 2,054.00 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 95.00 | \$ 280.00 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 5,400.00 | \$ 32,768.00 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ 0.00 | \$ 0.00 |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ 0.00 | \$ 250.00 |
| 9) Loan Proceeds | (CRO-1410) | \$ 0.00 | \$ 0.00 |
| 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 | \$ 0.28 |
| 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) | | \$ 5,495.00 | \$ 33,298.28 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 12,480.00 | \$ 16,068.31 |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ 18,000.00 | \$ 18,000.00 |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ 0.00 | \$ 0.00 |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ 120.15 | \$ 135.10 |
| 15) Loan Repayments | (CRO-1420) | \$ 0.00 | \$ 0.00 |
| 16) Refunds/Reimbursements from the Committee | (CRO-1320) | \$ 0.00 | \$ 68.00 |
| 17) In-Kind Contributions | (CRO-1510) | \$ 0.00 | \$ 514.48 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 30,600.15 | \$ 34,785.89 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 566.39 | \$ 566.39 |
| 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) | \$ 400.00 | \$ 400.00 |
| 28) Contributions to be Refunded | (CRO-1215) | \$ 0.00 | \$ 0.00 |

Aggregated Contributions from Individuals

Page 1 of 1

Amendment
 Yes No

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

| 1. Candidate Name (CRO-1100) | | | | | 2. ID Number | |
|---|-----------------|--------------------|------------------------|----------------------|--------------|---------|
| WAKE CITIZENS FOR GOOD GOVERNMENT | | | | | | |
| 3. Contributor Information | | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 10/31/2011 | \$ | 20.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 11/10/2011 | \$ | 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 11/10/2011 | \$ | 25.00 |
| 4. Total only this Page | | | | | \$ | \$95.00 |
| 5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | \$ | \$95.00 |

CRO-1205

NC State Board of Elections

April 2007

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 | |
| ANN CAMPBELL 1117 BASLOW BROOK CT RALEIGH, NC 27614 | | | MANAGEMENT CONSULTANT | | | |
| | | | c. Employer's Name/Specific Field CAMPBELL ALLIANCE GROUP | | | |
| | | | | | 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 | | 10/31/2011 | \$ 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 CAMPBELL 1117 BALSOW BROOK CT RALEIGH, NC 27614 | | | MANAGEMENT CONSULTANT | | | |
| | | | c. Employer's Name/Specific Field CAMPBELL ALLIANCE GROUP INC | | | |
| | | | | | 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 | | 10/31/2011 | \$ 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 | |
| MICHAEL DEFRANK 200 WOODBURN RD RALEIGH, NC 27605 | | | CORPORATE CONSULTANT | | | |
| | | | c. Employer's Name/Specific Field SELF | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 10/31/2011 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 4,100.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 5,400.00 | |

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 | |
| BERTIS E DOWNS 738 COBB ST ATHENS, GA 30606 | | | ATTORNEY | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SELF-EMPLOYED | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Credit Card | | 10/27/2011 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JOYCE FITZPATRICK 224 WOODBURN ROAD RALEIGH, NC 27605 | | | BUSINESS OWNER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | FITZPATRICK COMMUNICATIONS, INC | | e. Election Sum to Date | |
| | | | | | \$ 500.00 | |
| 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 | | 07/11/2011 | \$ 500.00 | |
| <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 | |
| JOSEPH HUBERMAN 904 DOROTHEA DRIVE RALEIGH, NC 27603 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SELF | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Credit Card | | 10/26/2011 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 700.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 5,400.00 | |

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 | |
| DUNCAN MCMILLAN 908 W JOHNSON ST RALEIGH, NC 27602 | | | ATTORNEY | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | McMillan Smith & Plyler | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 10/31/2011 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| SUSAN PARRY 711 MCCULLOCH ST RALEIGH, NC 27603 | | | ADMINISTRATOR | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | NC STATE UNIVERSITY | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 11/10/2011 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JUDY PIDCOCK 3820 WHITE CHAPEL WAY RALEIGH, NC 27615 | | | CLERGY | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | FIRST PRESBYTERIAN CHURCH | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 10/31/2011 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 300.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 5,400.00 | |

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 Name (CRO 1210) | | | | | | 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 | |
| TOM RABON 5313 Lake Edge Drive HOLLY SPRINGS, NC 27540 | | | EXECUTIVE | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | RED HAT | | e. Election Sum to Date | |
| | | | | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Credit Card | | 10/29/2011 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| ANNETE SHEPPARD 3613 ROCK CREEK DR RALEIGH, NC 27609 | | | PRINCIPAL | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SHEPPARD RECRUITING & CONSULTING | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Credit Card | | 10/24/2011 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 300.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on the 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 5,400.00 | |

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) | | | | | | 2. ID Number | |
| WAKE CITIZENS FOR GOOD GOVERNMENT | | | | | | | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | | |
| <input type="checkbox"/> Operating Expenses <input checked="" 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 | |
| Christine Kushner for School Board 2220 The Circle RALEIGH, NC 27608 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date | |
| | | | | Wake | | \$ 500.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | D | 09/02/2011 | \$ 500.00 | | | |
| | | | | \$ | | | |
| 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 | |
| Evans for Wake 102 Magnolia Tree Court CARY, NC 27518 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date | |
| | | | | Wake | | \$ 500.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | D | 09/02/2011 | \$ 500.00 | | | |
| | | | | \$ | | | |
| 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 | |
| HILL FOR BOE COMMITTEE 300 Paprika Court RALEIGH, NC 27614 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date | |
| | | | | Wake | | \$ 500.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | D | 09/02/2011 | \$ 500.00 | | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 1,500.00 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 18,000.00 | |
| (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 | | Q* - Donation to Legal Expense Fund | |
| O* Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |

Disbursements

Amendment

Pg 2 of 3 Yes 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 | |
| WAKE CITIZENS FOR GOOD GOVERNMENT | | | | | | | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | | |
| <input type="checkbox"/> Operating Expenses | | <input checked="" 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 | |
| JimMartin4Schools 8613 Cavatina Ct APEX, NC 27539 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | | | |
| | | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date | |
| | | | | Wake | | \$ 500.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | D | 09/02/2011 | \$ 500.00 | | | |
| | | | | \$ | | | |
| 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 | |
| NC DEMOCRATIC PARTY 220 HILLSBOROUGH ST RALEIGH, NC 27603 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | | |
| | | | | <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date | |
| | | | | | | \$ 10,000.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | G | 07/13/2011 | \$ 10,000.00 | | | |
| | | | | \$ | | | |
| 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 | |
| The Committee to Elect Keith Sutton PO Box 41046 RALEIGH, NC 27629 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | | | |
| | | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date | |
| | | | | Wake | | \$ 500.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | D | 09/02/2011 | \$ 500.00 | | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 11,000.00 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 18,000.00 | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | | | |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | | | |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate | |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses | |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund | |
| O* Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |

Disbursements

Amendment

Pg 3 of 3 Yes No

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

| | | | | | |
|---|---------------------------|------------------------|---|-------------------------------------|--------------------------------|
| 1. Committee Name (CRO-1100 Page 13) | | | | | 2. ID Number |
| WAKE CITIZENS FOR GOOD GOVERNMENT | | | | | |
| 3. Type of Disbursement (Check all that apply - CRO-1100 Page 13) | | | | | |
| <input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | |
| 4. Add/Remove <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| WAKE COUNTY DEMOCRATIC PARTY 220 HILLSBOROUGH STREET RALEIGH, NC 27603 | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date |
| | | | | | \$ 5,500.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | Check | G | 09/01/2011 | \$ 2,500.00 | |
| 1 | Check | G | 10/04/2011 | \$ 3,000.00 | |
| 5. Total only this Page | | | | | \$ 5,500.00 |
| 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) | | | | | \$ 18,000.00 |
| 7. Purpose Codes (Use detailed expenditure code in (h) above) | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | |
| E - Salaries | | F* - Equipment | | D - To Another Candidate | |
| I - Postage | | J - Penalties | | G - Political Party | |
| O* Other | | | | H* - Holding Public Office Expenses | |
| | | | | K* - Office Expenses | |
| | | | | Q* - Donation to Legal Expense Fund | |
| * 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 (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | | |
| <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 | |
| NC FUTURES ACTION FUND PO BOX 40010 RALEIGH, NC 27629 | | | | | | | |
| | | | | 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: | | | |
| | | | | | | \$ 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 | O | 10/04/2011 | \$ 2,000.00 | DONATION | | |
| | | | | \$ | | | |
| 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 | |
| NORTH CAROLINA CITIZENS FOR PROTECTING OUR SCHOOLS PO BOX 1093 RALEIGH, NC 27602 | | | | | | | |
| | | | | 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: | | | |
| | | | | | | \$ 2,500.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | O | 07/24/2011 | \$ 2,500.00 | DONATION | | |
| | | | | \$ | | | |
| 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 | |
| NORTH CAROLINA CITIZENS FOR PROTECTING OUR SCHOOLS PO BOX 1093 RALEIGH, NC 27602 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | | \$ 5,000.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | O | 11/04/2011 | \$ 5,000.00 | DONATION | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 9,500.00 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 12,480.00 | |
| (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 | | Q* - Donation to Legal Expense Fund | |
| 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 Name (CRO-1100 Page 10) | | | | | | 2. ID Number | |
| WAKE CITIZENS FOR GOOD GOVERNMENT | | | | | | | |
| 3. Type of Disbursement (Check one or more CRO-1100 Page 10, and type of disbursement) | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Page to be used <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| OPEN INTELLIGENCE PO BOX 1128 RALEIGH, NC 27602 | | | | | | | |
| | | | | 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: | | | |
| | | | | | | \$ 2,980.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | O | 07/03/2011 | \$ 2,980.00 | WEBSITE DEVELOPMENT, | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 2,980.00 | |
| 6. Total of ALL CRO-1100 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) | | | | | | \$ 12,480.00 | |
| 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 | | Q* - Donation to Legal Expense Fund | |
| O* Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |

Aggregated Non-Media Expenditures

Optional form used to report NC Non-Media Expenditures of \$50 or less.

| WAKE CITIZENS FOR GOOD GOVERNMENT | | | | | | | | | | | | | | | |
|--|--------------------------|--------------------------------------|-----------------|----------------------|-----------|-----------------------------|--------------|---------------|--------------------------|--|---------------|---------------------|------------|--|--------------------------------------|
| 3. Type of Expenditure | | | | | | | | | | | | | | | |
| 4. Add/Remove | 5. Number of Occurrences | 6. Category Code | 7. Purpose Code | 8. Date (mm/dd/yyyy) | 9. Amount | 10. Description | | | | | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | O | 07/05/2011 | \$ 14.95 | CREDIT CARD PROCESSING FEES | | | | | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | O | 08/04/2011 | \$ 17.90 | CREDIT CARD PROCESSING | | | | | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | O | 09/06/2011 | \$ 17.90 | CREDIT CARD PROCESSING FEES | | | | | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | O | 10/03/2011 | \$ 17.90 | CREDIT CARD PROCESSING | | | | | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | O | 11/07/2011 | \$ 17.90 | CREDIT CARD PROCESSING FEES | | | | | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | O | 12/05/2011 | \$ 17.90 | CREDIT CARD PROCESSING FEES | | | | | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | O | 10/26/2011 | \$ 3.20 | TRANSACTION FEE | | | | | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | O | 10/26/2011 | \$ 3.20 | TRANSACTION FEE | | | | | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | O | 10/27/2011 | \$ 6.10 | TRANSACTION FEE | | | | | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | O | 10/29/2011 | \$ 3.20 | TRANSACTION FEE | | | | | | | | | |
| 11. Total for this Page | | | | | \$ | 120.15 | | | | | | | | | |
| 12. Total for ALL CRO-1315 Pages | | | | | \$ | 120.15 | | | | | | | | | |
| <table border="0" style="width:100%"> <tr> <td style="width:33%">E - Salaries</td> <td style="width:33%">B* - Printing</td> <td style="width:33%">D - To Another Candidate</td> </tr> <tr> <td></td> <td>J - Penalties</td> <td>G - Political Party</td> </tr> <tr> <td>O* - Other</td> <td></td> <td>Q* - Donations to Legal Expense Fund</td> </tr> </table> | | | | | | | E - Salaries | B* - Printing | D - To Another Candidate | | J - Penalties | G - Political Party | O* - Other | | Q* - Donations to Legal Expense Fund |
| E - Salaries | B* - Printing | D - To Another Candidate | | | | | | | | | | | | | |
| | J - Penalties | G - Political Party | | | | | | | | | | | | | |
| O* - Other | | Q* - Donations to Legal Expense Fund | | | | | | | | | | | | | |
| * Codes require detailed explanation in required remarks field (g) | | | | | | | | | | | | | | | |