



Statement of Organization - Political Action Committee

Amendment
 Yes No

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

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. Mailing Address (include City, State, and Zip Code)	
b. Type (Check only one)		c. Phone Number	
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input checked="" type="checkbox"/> Political Purpose		d. Relationship	
c. Definition of Type		d. Member Definition	
to support candidates without vested interests			
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) 455-1320	michaelmurdock@tsc@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		09-28-2009	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	



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

SEP 28 2009
 CAMPAIGN FINANCING

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

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.

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145 Village Drive, West Henderson, NC 27537		09-28-2009																																						
		e. Phone Number																																						
		(919) 272-7168																																						
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name																																					
2009	09-28-2009		Jacqueline Esslinger																																					
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 checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<table border="1" style="width:100%; border-collapse: collapse;"> <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	
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7. Type of Fund (if applicable, check one)		10. Special Report Name																																						
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input checked="" type="checkbox"/> Other:																																								
8. Number of Fundraisers this Report																																								
Zero																																								
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																																					
Checking	1																																							
	d. Period Begin Balance		d. Period Begin Balance																																					
	\$ 00.00		\$																																					
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Jacqueline Esslinger		[Signature]		09-28-2009																																				
Printed Name of Signer		Signature of Appointed Treasurer		Date																																				
FOR OFFICE USE ONLY																																								
Date Received:	Employee: JSB	Delivery Method																																						
Date Postmarked: SEP 28 2009	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:																																							
<p>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.</p>																																								