





# Disbursements

1. Committee Full Name (and Fund if applicable)				2. ID Number	
INDIAN TRAIL CITIZENS FOR PROGRESS					
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
WACHOVIA 704 282 1767 SUN VALLEY FINANCIAL CENTER 6680 OLD MONROE ROAD INDIAN TRAIL, NC 28079					
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
A	AUTO WITHDRAW	TO ORDER CHECKS	05/01/2007	\$ 16.00	
				\$	
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
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
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
			c. Level Registered (Specify)		e. Election Cycle Sum to Date
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$ 16.00	
6. Total of ALL CRO-1310 Pages				\$ 16.00	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

# Statement of Organization - Political Action Committee

Amendment  
 Yes  No

<b>1. Committee Information</b>		<div style="border: 1px solid black; padding: 5px;">                 Union County                  MAY - 1 2007                  Board of Elections             </div>	c. ID Number
a. Full Name	INDIAN TRAIL CITIZENS FOR PROGRESS		
b. Mailing Address (include City, State and Zip Code)	598 Indian Trail Road South #120 Indian Trail, NC 28079		d. Date Organized 05/01/2007
			e. Phone Number (704) 684-0399

<b>2. Political Action Committee Information</b>		<b>3. Connected Organization or Affiliated Committee</b>																	
a. Category (Check only one) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Banking/Finance</td> <td><input type="checkbox"/> Legal</td> </tr> <tr> <td><input type="checkbox"/> Building/Real Estate</td> <td><input type="checkbox"/> Manufacturing</td> </tr> <tr> <td><input type="checkbox"/> Conservative/Liberal</td> <td><input type="checkbox"/> Minority</td> </tr> <tr> <td><input type="checkbox"/> Environment</td> <td><input type="checkbox"/> Political Party not part of Party Plan of Org.</td> </tr> <tr> <td><input type="checkbox"/> Get Out the Vote</td> <td><input type="checkbox"/> Religious</td> </tr> <tr> <td><input type="checkbox"/> Health</td> <td><input type="checkbox"/> Trade</td> </tr> <tr> <td><input type="checkbox"/> Information Technology / Telecommunications</td> <td><input type="checkbox"/> Utilities</td> </tr> <tr> <td><input type="checkbox"/> Insurance</td> <td><input checked="" type="checkbox"/> Other / Not listed</td> </tr> </table>		<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Legal	<input type="checkbox"/> Building/Real Estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Conservative/Liberal	<input type="checkbox"/> Minority	<input type="checkbox"/> Environment	<input type="checkbox"/> Political Party not part of Party Plan of Org.	<input type="checkbox"/> Get Out the Vote	<input type="checkbox"/> Religious	<input type="checkbox"/> Health	<input type="checkbox"/> Trade	<input type="checkbox"/> Information Technology / Telecommunications	<input type="checkbox"/> Utilities	<input type="checkbox"/> Insurance	<input checked="" type="checkbox"/> Other / Not listed	a. Full Name N/A	
<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Legal																		
<input type="checkbox"/> Building/Real Estate	<input type="checkbox"/> Manufacturing																		
<input type="checkbox"/> Conservative/Liberal	<input type="checkbox"/> Minority																		
<input type="checkbox"/> Environment	<input type="checkbox"/> Political Party not part of Party Plan of Org.																		
<input type="checkbox"/> Get Out the Vote	<input type="checkbox"/> Religious																		
<input type="checkbox"/> Health	<input type="checkbox"/> Trade																		
<input type="checkbox"/> Information Technology / Telecommunications	<input type="checkbox"/> Utilities																		
<input type="checkbox"/> Insurance	<input checked="" type="checkbox"/> Other / Not listed																		
b. Type (Check only one) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Parent Entity</td> </tr> <tr> <td><input type="checkbox"/> Economic Interest</td> </tr> <tr> <td><input checked="" type="checkbox"/> Political Purpose</td> </tr> </table>		<input type="checkbox"/> Parent Entity	<input type="checkbox"/> Economic Interest	<input checked="" type="checkbox"/> Political Purpose	b. Mailing Address (include City, State, and Zip Code) N/A														
<input type="checkbox"/> Parent Entity																			
<input type="checkbox"/> Economic Interest																			
<input checked="" type="checkbox"/> Political Purpose																			
c. Definition of Type Support progressive candidates for Indian Trail Town Council		c. Phone Number	d. Relationship N/A																
d. Member Definition																			
<b>4. Treasurer Information</b>		<b>5. Custodian of Books Information</b>																	
a. Full Name Nancy Jacobsen		a. Full Name Nancy Jacobsen																	
b. Mailing Address (include City, State, and Zip Code) 3905 Waters Reach Lane Indian Trail, NC 28079		b. Mailing Address (include City, State, and Zip Code) 3905 Waters Reach Lane Indian Trail, NC 28079																	
c. Phone Number (704) 821-6577	d. Email Address nljacob@yahoo.com	c. Phone Number (704) 821-6577	d. Email Address nljacob@yahoo.com																
<b>6. Assistant Treasurer Information</b>		<b>7. Account Information (incl. CRO-3500)</b>																	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove																	
a. Full Name N/A		a. Financial Institution Full Name Wachovia Bank, N.A.																	
b. Mailing Address (include City, State, and Zip Code) N/A		b. Purpose PAC Contributions and expenditures																	
c. Phone Number	d. Email Address N/A	c. Code A	d. Type Checking																

**CERTIFICATION**

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Nancy Jacobsen \_\_\_\_\_ 05/01/2007 \_\_\_\_\_  
 Printed Name of Signer Signature of Appointed Treasurer Date

# Disclosure Report Cover

Amendment  
 Yes  No

Please note that this cover sheet 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 those kinds of committee changes.  
 Use the Addendum form (CRO-1010) if more entries are needed.

## I. Committee Information

a. Full Name		c. ID Number
INDIAN TRAIL CITIZENS FOR PROGRESS		
b. Mailing Address (include City, State and Zip Code)		d. Date Filed
598 INDIAN TRAIL ROAD SOUTH #120 INDIAN TRAIL, NC 28079		05/01/2007
		e. Phone Number
		704-684-0399

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2007	05/01/2007	05/01/2007	NANCY JACOBSEN


6. Type of Committee (Check one)		8. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> Joint Fundraiser	<input checked="" type="checkbox"/> PAC	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Soft Money Account		<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 Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	Semi-annual	
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	9. Special Report Name
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

10. Account Information		10. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
WACHOVIA BANK, N.A.		N/A	
b. Purpose	c. Code	b. Purpose	c. Code
Checking for receipts and expenses	A	N/A	N/A
	d. Period Begin Balance		d. Period Begin Balance
	\$ 121.00		\$

**CERTIFICATION**

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

NANCY JACOBSEN  
 Printed Name of Signer

  
 Signature of Appointed Treasurer

05/01/2007  
 Date

**FOR OFFICE USE ONLY**

Date Received: 5-1-07 Employee: Winnie Owen Delivery Method

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_  Normal Mail

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_  Registered Mail

Hand Delivered

Electronically Filed

# Detailed Summary

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
INDIAN TRAIL CITIZENS FOR PROGRESS		ORGANIZATIONAL			
Start of Election Cycle: January 1, <u>2007</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 137.00		\$ 0.00	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 137.00		\$ 137.00	
6) Contributions from Individuals (CRO-1210)		\$ 0.00		\$ 0.00	
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		\$ 0.00	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources (CRO-1250)					
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	
12) "Goods and Services" Contributions (CRO-1260)		\$ 0.00		\$ 0.00	
13) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i>		\$ 137.00		\$ 137.00	
<b>EXPENDITURES</b>					
14) Disbursements (CRO-1310)					
14a) Operating Expenditures (CRO-1310)		\$ 21.00		\$ 21.00	
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
14c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
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 <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>		\$ 21.00		\$ 21.00	
19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i>		\$ 121.00		\$ 121.00	
<b>ADDITIONAL INFORMATION</b>					
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)		\$ 105.41			
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		\$ 0.00		\$ 0.00	



North Carolina  
State Board of Elections

506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook  
Deputy Director – Campaign Reporting

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

**Certification of Treasurer**

**FILED BY:**

Candidate Name: INDIAN TRAIL CITIZENS FOR PROGRESS  
Treasurer Name: NANCY JACOBSEN  
Treasurer Address: 3905 WATERS REACH LANE  
(include city, state, & zip) INDIAN TRAIL, NC 28079

Treasurer Phone: 704 - 821 - 6577

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy.

1 MAY 2007  
Date Signed

[Handwritten Signature]  
Signature of Candidate