

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 WAGNER FOR COMMISSIONER	c. ID Number
b. Mailing Address (include City, State and Zip Code) 3333 UNION RIDGE RD. BURLINGTON, NC 27217	d. Date Filed
	e. Phone Number 336-266-7184

2. Report Year 2014	3. Period Start Date (mm/dd/yy) 01/01/14	4. Period End Date (mm/dd/yy) 04/19/14	5. Treasurer Full Name MEGHAN LANA MCCANN
-------------------------------	--	--	---

6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input 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 style="width:100%;"> <tr> <td style="width: 33%;"> 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 type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td style="width: 33%;"> State/County <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" 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 </td> <td style="width: 33%;"> Referendum <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 </td> </tr> </table>	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 type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" 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	Referendum <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
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 type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" 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	Referendum <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		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:	10. Special Report Name <p style="text-align: center;">QUARTERLY FIRST</p>			
8. Number of Fundraisers this Report <p style="text-align: center;">0</p>				

11. Account Information		11. Account Information	
a. Financial Institution Full Name TRULIANT FEDERAL CREDIT UNION		a. Financial Institution Full Name	
b. Purpose CAMPAIGN	c. Account Code	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.

MEGHAN L. MCCANN _____ *Meghan L. McCann* _____
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 4/24/14	Employee: JG	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.

04-24-14 11:17 RCVD

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
WAGNER FOR COMMISSIONER		QUARTERLY - FIRST	
Start of Election Cycle: January 1, <u>2014</u>		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)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1534.10	\$ 1534.10
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$.03	\$.03
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1480.00	\$ 1480.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1480.00	\$ 1480.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 54.13	\$ 54.13
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Contributions from Individuals

Amendment
Pg ____ of ____ Yes No

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) WAGNER FOR COMMISSIONER					2. ID Number	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JERRY + TAMARA WAGNER 3333 UNION RIDGE RD. BURLINGTON, NC 27217 336-227-1869			b. Job Title/Profession FIRE MARSHALL c. Employer's Name/Specific Field TOWN OF HILLSBOROUGH		d. Comments FILING FEE	
					e. Election Sum to Date \$ 99.00	
f. Prior <input type="checkbox"/>	g. Account Code	h. Form of Payment CHECK	i. In-Kind Description	j. Date (mm/dd/yyyy) 02/17/2014	k. Amount \$ 99.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JERRY + JUSTINA WALKER 1251 LAWNDALE DRIVE GRAHAM, NC 27253 336-228-8813			b. Job Title/Profession RETIRED c. Employer's Name/Specific Field N/A		d. Comments DONATION	
					e. Election Sum to Date \$ 100.00	
<input type="checkbox"/>		CHECK		03/24/2014	\$ 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) JERRY + TAMARA WAGNER 3333 UNION RIDGE ROAD BURLINGTON, NC 27217 336-227-1869			b. Job Title/Profession FIRE MARSHALL c. Employer's Name/Specific Field TOWN OF HILLSBOROUGH		d. Comments DONATION	
					e. Election Sum to Date \$ 1335.10	
<input type="checkbox"/>		CASH		02/20/2014	\$ 35.00	
<input type="checkbox"/>		CHECK		02/26/2014	\$ 1000.00	
<input type="checkbox"/>		CHECK		03/18/2014	\$ 300.10	
4. Total only this Page					\$ 1534.10	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 1534.10	

Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
WAGNER FOR COMMISSIONER					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #		d. Comments	
TRULLANT FEDERAL CREDIT UNION 2564 KIRKWOOD DRIVE BURLINGTON, NC 27215 336-664-1955				CREDIT INTEREST	
		c. Outside Source Explanation		e. Election Sum to Date	
				\$.03	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
	DEPOSIT		03/31/2014	\$.03	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #		d. Comments	
		c. Outside Source Explanation		e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #		d. Comments	
		c. Outside Source Explanation		e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$.03	
6. Total of ALL CRO-1250 Pages				\$.03	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

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) WAGNER FOR COMMISSIONER						2. ID Number
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input 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) ALAMANCE COUNTY BOARD OF ELECTIONS 115 SOUTH MAPLE STREET GRAYHAM, NC 27253			b. Coordinated Committee Name WAGNER FOR COMMISSIONER		d. Comments FILING FEE	
			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 \$	
f. Account Code	g. Form of Payment CHECK	h. Purpose Code O	i. Date (mm/dd/yyyy) 02/17/2014	j. Amount \$ 99.00	k. Required Remarks FILING FEE	
				\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) VAN'S ADVERTISING ITEMS, SIGNS, + PRINTING 3264 VANDRIVE BURLINGTON, NC 27215 336-226-7400			b. Coordinated Committee Name WAGNER FOR COMMISSIONER		d. Comments SIGNS	
			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 \$	
f. Account Code	g. Form of Payment CHECK	h. Purpose Code B	i. Date (mm/dd/yyyy) 03/19/2014	j. Amount \$ 1302.36	k. Required Remarks SIGNS	
				\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) HOTCARDS 2400 SUPERIOR AVENUE CLEVELAND, OHIO 44114 216-241-4040			b. Coordinated Committee Name WAGNER FOR COMMISSIONER		d. Comments PALM CARDS	
			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 \$	
f. Account Code	g. Form of Payment CREDIT CARD	h. Purpose Code B	i. Date (mm/dd/yyyy) 04/16/2014	j. Amount \$ 78.64	k. Required Remarks PALM CARDS	
				\$		
5. Total only this Page						\$ 1480.00
6. Total of ALL CRO-1310 Pages						\$ 1480.00
<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)						



STATE BOARD OF ELECTIONS

441 North Harrington Street
Raleigh, North Carolina 27603

Kim Westbrook Strach
Executive Director

Mailing Address:
P.O. Box 27255
RALEIGH, NC 27611-7255
(919) 733-7173
FAX (919) 715-0135

REQUEST FOR OCCUPATIONAL INFORMATION

Contributor Name: JERRY & TAMARA WAGNER
Contributor Address: 3333 UNION RIDGE ROAD
BURLINGTON, NC 27217

N.C.G.S. §163-278.11(a) requires political committee treasurers to obtain and report the principal occupation of contributors. Please provide the committee listed below with your job title/profession and employer's name.

UNEMPLOYED - TAMARA
FIRE-MARSHALL - JERRY
Job title or profession

TOWN OF HILLSBOROUGH
Employer's name or employer's specific
field of business activity (list attached)

Return this form to:

Committee/candidate name: WAGNER FOR COMMISSIONER
Committee address: 3333 UNION RIDGE ROAD
BURLINGTON, NC 27217

If you have questions about this requirement, please contact the Campaign Finance Office of the North Carolina State Board of Elections.



STATE BOARD OF ELECTIONS

441 North Harrington Street
Raleigh, North Carolina 27603

Kim Westbrook Strach
Executive Director

Mailing Address:
P.O. Box 27255
RALEIGH, NC 27611-7255
(919) 733-7173
FAX (919) 715-0135

REQUEST FOR OCCUPATIONAL INFORMATION

Contributor Name: JERRY + JUSTINA WALKER
Contributor Address: 1251 LAUNDALE DRIVE
GRAHAM, NC 27253

N.C.G.S. §163-278.11(a) requires political committee treasurers to obtain and report the principal occupation of contributors. Please provide the committee listed below with your job title/profession and employer's name.

RETIRED
Job title or profession

N/A
Employer's name or employer's specific
field of business activity (list attached)

Return this form to:

Committee/candidate name: WAGNER FOR COMMISSIONER
Committee address: 3333 UNION RIDGE RD.
BURLINGTON, NC 27217

If you have questions about this requirement, please contact the Campaign Finance Office of the North Carolina State Board of Elections.