

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	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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1. Committee Information	
a. Full Name Wagner for Commissioner	c. ID Number 46-4863740
b. Mailing Address (Include City, State and Zip Code) 3333 Union Ridge Road Burlington NC 27217	d. Date Filed 12-01-2015
	e. Phone Number 336-227-1869

2. Report Year 2015	3. Period Start Date (mm/dd/yyyy) 07/01/2014	4. Period End Date (mm/dd/yyyy) 12/31/2015	5. Treasurer Full Name Melessa W Garrison
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6. Type of Committee (Check One)		9. Type of Report (Check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
7. Type of Fund (Applicable check one)		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input checked="" type="checkbox"/> Other: Campaign Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraiser this Report 0		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name Truiliant Federal Credit Union	a. Financial Institution Full Name CU	b. Purpose Wagner for Commissioner Campaign Fund	b. Purpose
c. Account Code Checking	c. Account Code	d. Period Begin Balance \$ 28.95	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.

Melessa Garrison *Melessa Garrison* **1-10-2016**
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 2-16-16	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: 2-25-16	Employee: JS	
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.

02-15-16 P01:50 RCVD

Use this form to summarize all disclosure reporting forms and to total monetary information

Yes No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Wagner for Commissioner				410-4803740	
Start of Election Cycle: January 1, 2015		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 28.95		\$ 28.95	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 106.00		\$ 106.00	
6) Contributions from Individuals (CRO-1210)		\$ 1,705.00		\$ 1,705.00	
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)		\$.01		\$.01	
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)		\$ 1,705.01		\$ 1,705.01	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 750.60		\$ 750.60	
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)		\$ 105.00		\$ 105.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 855.60		\$ 855.60	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 878.36		\$ 878.36	
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

Pg 1 of 1

Amendment
 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)		2. ID Number			
WAGNER FOR COMMISSIONER		40-48103740			
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Jerry L. Wagner (336) 227-1869 3333 Union Ridge Rd Burlington NC 27217		Fire Marshal - Town of Hillsborough	Filing Fee ✓		
c. Employer's Name/Specific Field		e. Election Sum to Date			
		\$105.00 ✓			
Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		check	Filing Fee	12/01/2015	\$105.00 ✓
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Jerry L. Wagner (336) 227-1869 3333 Union Ridge Rd. Burlington, NC 27278		Fire Marshal Town of Hillsborough	Donation ✓		
c. Employer's Name/Specific Field		e. Election Sum to Date			
		\$205.00 ✓			
Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		12/21/2015	\$100.00 ✓
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Tamara Lanae Wagner 3333 Union Ridge Rd. Burlington NC 27217 336-227-1869		Sub-Teacher Alamance-Burlington Schools	Donation ✓		
c. Employer's Name/Specific Field		e. Election Sum to Date			
		\$1,500 ✓			
Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		12/28/2015	\$1300.00 ✓
<input type="checkbox"/>	1	check		12/28/2015	\$200.00 ✓
<input type="checkbox"/>					\$
4. Total only this Page					\$ 1705.00
5. Total of ALL CRO 1210 Pages					\$ 1705.00

Other Receipt Sources

Amendment
 Yes No

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) WAGNER FOR COMMISSIONER					2. ID Number 46-4863740	
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source) <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 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	
					\$	
					\$	
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 on this Page					\$.01	
6. Total of ALL CRO-1250 Pages					\$.01	

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	
Wagner for Commissioner				46-4863740	
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
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
5. Account Code 6. Form of Payment 7. Purpose Code 8. Date (mm/dd/yyyy) 9. Amount 10. Required Remarks					
11. 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
Alamance County Board of Elections 115 South Maple Street Graham, NC 27253			Wagner for Commissioner		Voter List Disk
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 25.60
5. Account Code 6. Form of Payment 7. Purpose Code 8. Date (mm/dd/yyyy) 9. Amount 10. Required Remarks					
1 Check 0 12-21-2015 \$ 25.60					
11. 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
Al Van's Election Items 3264 Van Dr. Burlington, NC 27215 (336) 226-7400			Wagner for Commissioner		COX
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 725.00
5. Account Code 6. Form of Payment 7. Purpose Code 8. Date (mm/dd/yyyy) 9. Amount 10. Required Remarks					
1 Check B 12-29-15 \$ 725.00					
5. Total only this Page					\$ -750.60
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 (Use detailed expenditure codes in (b) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other		D - To Another Candidate		H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
Codes require detailed explanation in required remarks field (b)					

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund, if applicable)		2. ID Number
Wagner for Commissioner		46-4863740
3. Contributor Information		
<input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source
Jerry L. Wagner 3333 Union Ridge Rd Burlington NC 27217		c. Comments d. Election Sum to Date \$ 105.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Filing Fee	12/01/15	\$ 105.00
		\$
		\$
3. Contributor Information		
<input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source
		c. Comments d. Election Sum to Date \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
3. Contributor Information		
<input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source
		c. Comments d. Election Sum to Date \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total on this Page		\$ 105.00
5. Total for ALL CRO-1510 Pages <small>(omit the amount on the 26 Special Election Page (CRO-100))</small>		\$ 105.00