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

Yes

 \boxtimes

No

Do not use this form to	update information				
1. Committee Informa	tion		2. 学校学校的学校	动力的 的 种学	a. 新聞 · · · · · · · · · · · · · · · · · ·
a. Full Name	and a summer of the provide state of the second state of the second state of the second state of the second state and the				c. ID Number
Wanda Merschel for C				2 M	9CQZ2L
		X		也	
b. Mailing Address (include	e City, State and Zip Code)				d. Date Filed
PO Box 20711		Encoder State Sta		<u> </u>	12/31/2009
Winston-Salem, NC 27	7120-0711				12/31/2009
					e: Phone Number
					336 748-0889
					530 748-0887
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2009	10/20/2009	12/3	1/2009		
6. Avneoi Commuse	Colection	9. Dine of Report	Check or	de one avpe of report	化。前的花径在空间引起是这些影响
Candidate Campaign		Municipal		County	Referendum
	Referendum	Organizational		Organizational	Organizational
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Expenditure			′	Quaterij	
Legal Expense Fund		—			
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Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	
		Semi-annual		Fourth	Special
		Mid Year		Semi-annual	
Other:		Year End		Mid Year	10. Special Report Name
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8. Number of fund rat	sers this Report	Special Special		Final	
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CERTIFICATION		A STATE OF A LOCAL OF A LOCAL OF			o
I certify that the Commi	ittee or Fund is in compli	ance with all applica	ble provisions	of Article 22A, 22B,	& 22D-22M of Chapter 163 of
the NC General Statutes	s and that no funds are con	mmingled with proh	ibited or other	non-disclosed funds.	I further certify that this report
is complete, true and co	prrect and that I have been	trained by the NC/S	state Board of I	Elections.	
William W. Sp		IA IA	Mar M	1 Dano-	12/31/2009
	Printed Name of Signer		ignature of Appoir	neg Treasurer	Date
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Date Data Entered:		Cinpicyce.			地域這段的認識的建設。在臺灣於臺灣的
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Please Note: This is)THI Cannot be used to and	in of books informat	ion or account	t information	
	Custodia	H OI DOOKS IIIIOIIIIdi	ion, or account		,

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

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

Amendment \boxtimes Yes No

I. Committee Full Name (and Rund if applicable)			3.1D Number of a state
Wanda Merschel for City Council	Final		9CQZ2L
Start of Election Cycle: January 1,	2009	Total this	Total this
		Reporting Period \$ 4,792.72	Election Cycle \$ 0.00
4) Cash on Hand at Start		5 4 ,792.72	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 250.00	\$ 2,033.00
6) Contributions from Individuals	(CRO-1210)	\$ 300.00	\$ 10,244.44
7) Contributions from Political Party Committees	(CRO-1220)	\$ 500.00	\$ 500.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 750.00
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources	(CARO 1210)		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 2.02	\$ 2.85
11b) Contributions from Not-for-Profit Organizatio	ons (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c	, IId and IIe)	\$ 1,052.02	\$ 13,530.29
NY MARKARANA ANA ANA ANA ANA ANA ANA ANA ANA AN			
13) Disbursements		and a second of the second of	
13a) Operating Expenditures	(CRO-1310)	\$ 2,223.44	\$ 6,009.55
13b) Contributions to Candidates/Political Committ	ees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CR0-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 3,621.30	\$ 3,621.30
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 3,899.44
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 5,844.74	\$ 13,530.29
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	ract line 18)	\$ 0.00	\$ 0.00
			Den in an
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	n an an an Araba. An Araba an Araba
21) Outstanding Loans (incl. ones from other campaign	s) (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-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

CRO-1100

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Aggregated Contributions from Individuals

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Page

1

of <u>1</u>

Yes 🔀 No

Amendment

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

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3.Con	rubulor labora	nation					and and an an a			
a. Amer	đ	b. Account Code	c. Form of Payment		d. In-Kind Description	e. Date (mm/dd/yyy	<u>)</u>	f. Amou	at.	
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			umary Page CRO-1100)							

CRO-1205

Contributions from Individuals

of 1

Pg

Amendment Yes \boxtimes No

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Use this f	form to report indiv	vidual contributions ov	ver \$50	or contributions under	\$50 If form CRC	J 1203 IS 1101	useu				
ALCONT	1 Committee Full Name (and Fund al applicable)							2, 1D Number, 1997			
Wanda M	lerschel for City C	ouncil					9CQZ2L				
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a. Full Nan	ne, Mailing Address &	Phone		b. Job Title/Profession		d. Comments					
The second se	A CALL STORE ST			Self-employed							
Alfred G.				c. Employer's Name/Spec	ific Field						
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336 760-2						e, Election Su	m to Date				
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(include) Stephan I	city, state, & zip)		<u> </u>	Physician							
^	Fourth Street, Ap	t. 11		c. Employer's Name/Spec	affic fiield						
1	Salem, NC 27101			Orthopaedic Special	ists (OSC)						
336 768-	1270					e. Election Su					
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	city, state, & zip)			Retired							
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Winston-	Salem, NC 27103					c. Election St	im to Date				
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		nandræssanners Pareses	(oskoù					April 2007			

1

Contributions from Political Party Committees

Pg <u>1</u> of Amendment \boxtimes Yes

1

No

Use this form to report contributions from a political party

1 Committee Rull Name (and Fund it Wanda Merschel for City Council	applicable).		2 10 1	umber 9CQZ2L	
3: Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Democratic Women of Forsyth County 800 West End Boulevard Winston-Salem, NC 27101			\$	nents on Sum to Dat 500.00	c
d. Account Code e. Form of Payment	1. In-Kind Description	g. Date (mm/dd/yyy)	h. Amount	
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d. Account Code C. Form of Payment	C In-Kind Description	g. Date (mm/dd/yyy	<u>)</u>	h. Amount .	
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STITUTING ALL GRO-1220 Page			\$	500.00	

NC State Board of Elections

Other Rece	eipt Sources		Pg	1 of	Ame 1	ndment Yes		No
Use this form to	report income not report	ed on another form. i.e. inter	•	<u> </u>	-	ns etc.		
1. Committee H	ull Name (and Rund at a el for City Council				<u>124 DXN</u>	nmber 9CQ	72L	
Type of Rece Interest	apisource	(Blease use separate CRO Contributions from Not-		nizations	Outsid	Source) e Sources of	fIncome	
	Information ing Address & Phone e, & zip)		b. Not-fo	raprofit Federal I		. Comment	9	
Piedmont Feder PO Box 215 Winston-Salem 336 770-1000	ral Savings Bank , NC 27102		c: Outsic	e Source Explana		Blechons	um to Da	(c.
				i. Date (mm/dd/		\$ 2.8	the second s	
f. Account Code	g. Form of Payment	h. In-Kind Description		11/03/200		\$	1.17	
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CRO-1250

NC State Board of Elections

Disbursements

Pg <u>1</u>

Amendment

of <u>1</u>

No No

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

	nll Name (and Rum I for City Council						2.1D Number 9CQZ2L
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Operating E	xpenses	Contributions to Can			tees	A CONTRACTOR OF	rdinated Party Expenditures
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336 262-6048	,] State		Municipality:	-e. Election Sum to Date
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1011 Burke Stre			<u>)</u>	Level Registered (Sp Federal	vecity)	County:	
Winston-Salem,	NC 2/101			Federal State	H	County: Municipality:	e. Election Sum to Date
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336 760-3963		ŀ	L	State		Municipality:	
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	est (de la cuite ex	sendume code ma		的大学的学习中的主义			
A* - Media	B* - Printing	C* - Fun	dra	vising			her Candidate
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I - Postage	J - Penalties	K* - Offi				Ur - Utner	
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NC State Board of Elections

Refunds/Reimbursements From the Committee

of <u>1</u> <u>1</u>

Amendment Yes \boxtimes No

Pg Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Fall Name (Wanda Merschel for City Council	and Rondul applicable)			2. ID Number ====================================
3. Payce Information 22 a. Full Name, Mailing Address & (include city, state, & zip) John A. Merschel SEE SHEET ATTACHED.	- Ehone	d. Type of Committee d. Type of Committee Candidate Referendum c. Level Registered (Specify Federal State f. Purpose Code	PAC Party County: Municipality:	h. Original Receipt Date i. Original Receipt Amount \$ j. Election Sum to Date \$
h. Job Litic/Profession	c. Employer's Name/Specific Field	g. Comments		4. Account Code
ALL PALL STATE AND A CONTRACT OF A DESCRIPTION OF A DESCR	juired Rémarks refund/reimbursement		n. Date (mm/dd/yyy 12/02/2009	y) o. Amount \$ 3,621.30
3. Payce Intomotion (1997) a. Full Name, Mailing Address & (include city, state, & zip)		Image: Control of Committee Candidate Candidate Referendum E. Level Registered (Specify) Federal State f. Purpose Code	PAC Party	h. Original Receipt Date 1. Original Receipt Amount \$ J. Election Sum to Date \$
.b. Job Litle/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
J. Form of Payment	niced Remarks		n. Date (mm/dd/yyy	y) o. Amount S
3 E. Wee Information	Phone	d. Type of Committee	PAC Party	h. Original Receipt Date i. Original Receipt Amount \$ j. Election Sum to Date \$
b. Job TitleProfession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
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P* - Reimbursement of In-Kin	d O' Other for in requireo temers field (m)			Docomber 2007

WANDA MERSCHEL FOR CITY COUNCIL ID Number 9CQZ2L

REFUNDS/REIMBURSEMENTS FROM THE COMMITTEE FORM CRO-1320 ATTACHMENT

 Payee Information: John A. Merschel Jr. 851 West Fourth Street, Unit 8, Winston-Salem, NC 27101 336 722-6092

j. Election sum to date: \$3,794.48

Original Receipt Date

Original Receipt Amount

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1. Form of Payment: CHECK, partial refund/reimbursement \$3,621.30