## **CABARRUS COUNTY BOARD OF ELECTIONS**

Disalogura Danout C	OXION	API	R 27 7 - 1			Amendment	
Disclosure Report C		c				☐ Yes ☑ No	0
Use this form for general report Do not use this form to update	t and committee in	itormation, i	CEIVE	d and submi	tted alon	g with other detailed fo	rms.
1. Committee Information	imormation.	AL STATE OF THE SE			R G. Properties	C. Ze habi i i i Antekopakin (Bob) i bi we waten ke kabupaten	00-10-2 P-20-70
a. Full Name						TO N	No.
	F '5.	71	1000	n.,	2	c. ID Number	
COMMITTEE TO		L BHO	es all	IL OF a	XIRT		
b. Mailing Address (include City, St						d. Date Filed	
3845 BENT CRE	BL DRIVE ,	2W					
CONCORD NC 28	3027					e. Phone Number	
Constitut for 20						704-786-1295	_
	and the state of t	The signature camerine	Transmission State of the Control	Designation and Company		to the terminal production of	>
2. Report Year 3. Period Star	ct Date (mm/dd/yy)	1	,				<b>图</b>
2018 1/1/18		4/21	1/18	W	AWDA	- H. ARTHUR	
6. Type of Committee (Check	One) 9.7	Type of Ren	ort (check o	nly one type	of reno	rt from one category)	
The state of the s		nicipal		County		Referendum	是政策活得
☐ PAC ☐ Re	eferendum 🔲	Organizationa		Organizational		Organizational	
☐ Independent Expenditure ☐ Jo	int Fundraiser	Thirty-five da	у	Quarterly	l l	Pre-referendum	
Legal Expense Fund		Pre-primary	U	First		Final	
		Pre-election		Second		Supplemental Final	
7. Type of Fund (if applicable	e, check one)	Pre-runoff		Third	1	Annual	
Booster Fund		Semi-annual		Fourth		☐ Special	
Building Fund	IH	Mid Yea		Semi-annual	l	10 0	Car Shore
Other:	片	Year End Final	, 片	Mid Year Year End	-	10. Special Report Na	me
8. Number of Fundraisers this	s Report	Special		Final			
-8	, atoport	opooi		Special			
11. Account Information			11. Account		11777 1257 1257		
a. Financial Institution Full Name			a. Financial Ins				
	REDIT HALLON	J		June 1 of 1	· · · · · · · · · · · · · · · · · · ·		
STATE EMPLOYEES C							
b. Purpose	c. Account Code		b. Purpose		- 0	c. Account Code	
CAMPAISACTION S							
TRANSACTION &	d. Period Begin Bal	longe			-	1 0 1 10 1 0 1	
1 RATION.					9	d. Period Begin Balance	
	\$ 327.0	4				\$	
CERTIFICATION							
I certify that the Committee or Fu	and is in compliance	with all appli	cable provision	ns of Article 2	2A, 22B	& 22D-22M of Chapter 1	63
of the NC General Statutes and the						ids. I further certify that the	his
report is complete, true and corre	ct and that I have be	en trained by	the NC State B	Board of Elect	ions.		
111111 111 3	2000 1	1.00.	· Last	0-20		4 22-2018	
Printed Name of Sig	20993	Sim	acel	1288		4-27-2019 Date	_
FOR OFFICE USE ONLY	ner	Sigi	nature of Appoin	ted Treasurer		Date	
	1-110		600	10	Dali:		
Date Received:	27/18	Employ	ree: 8//	19		<u>very Method</u> Vormal Mail	
,				U	-	Registered Mail	
Date Postmarked:		Employ	ree:			Hand Delivered	
Date Scanned: 5/c	29/18	Employ	ee. Sm 0	3.		Electronically Filed	
Date Scallied.	-/-	Employ	CC. 011.0	<del>}</del>			
Date Data Entered:		Employ	ee:			Signer has not received mandatory training	
Please Note: This form ca	annot be used to ar	nend comm	ittee informati	ion such as t	he comn	nittee 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. NC State Board of Elections

August 2008

CRO-1000

Disclosure Re Use this form for ge Do not use this form	neral re	eport and committee i	nformat	ion, must be	signed	and sub	11		Yes No
1. Committee Information									
a. Full Name								c. ID	Number
		ect Bill Baccs	CLE	rk of Cou	LRTCA	BARR	US COUNTY		
b. Mailing Address (inc	lude Cit	y, State and Zip Code)			100/	AKD O	FELECTIONS	d. Da	ate Filed
		EEK DRIVE SW	J			MAY	<b>2</b> 5 2018		
CONCORD,	NC	28027						e. Ph	none Number
		***************************************		1			CEIVED	76	04-786-1295
2. Report Year	3. Pei	riod Start Date (mm/d	ld/yy)	4. Period (mm/dd/yy)	End Da	te	5. Treasurer Full	Name	;
2018		01/01/2018				018	WANDA H.	AR.	THUR
6. Type of Commit		<del>_</del>		e of Report	(c		ly one type of report	from c	one category)
Candidate Camp	aign [	Party Referendum	Munici			State/C		Refe	rendum
Independent	1	Joint Fundraiser	남.	Organizational		_	Organizational		Organizational
Expenditure Legal Expense F	d	Joint Fundraiser	Ш	Thirty-five day	y	(	Quarterly		Pre-referendum
7. Type of Fund		olicable, check one)	П	Pre-primary		101	First		Final
Booster Fund"				Pre-election			Second		Supplemental Final
Building Fund				Pre-runoff			Third	lН	Annual
				Semi-annual			Fourth		Special
Other:			1님	Mid Year			Semi-annual		
U Omei.			님	Year End Final		님	Mid Year	10.	Special Report Name
8. Number of Fund	raisers	this Report	ᅢ	Special		먐,	Year End Final		
0				-p			Special		
11. Account Inform	ation				11 A		Information	<u> </u>	
a. Financial Institution	Full Nar	ne					itution Full Name		
STATE EMPLO	YEES	CREDIT UNK	NC						
b. Purpose		c. Account Code			b. Purp	ose		c. 2	Account Code
CAMPAIGN, RECEIPTS É		1							
EXPENDITURES	5	d. Period Begin Balance	2					d.	Period Begin Balance
- XI 511 51 1 54 1 5		\$ 327,0	4					\$	
CERTIFICATION									
the NC General Stat	utes an	d that no funds are co	mmingl	ed with prob	ibited o	r other	non-disclosed funds	& 22] I furtl	D-22M of Chapter 163 of her certify that this report
is complete, true and	i corre	ct, and that I have beer	trained	by the NC S	State Bo	ard of E	Elections.		der cortary that this report
WAND		+. HRTHUR					Harthur	0.	5/25/2018
FOR OFFICE USE O		ed Name of Signer	-	S	ignature o	of Appoint	ted Treasurer		Date
Date Received:	MLI			Employee:			]	Delive	ery Method
Date Postmarke	q.			ā. i.ē.		**************************************		]	Normal Mail Registered Mail
Date Scanned:	u.			Employee:		•			Hand Delivered Electronically Filed
				Employee:		extraction delivers account			Signer has not received mandatory training
Date Data Enter				Employee:					mandanory Hammig
Dlagge Notes Th	:- C		•		900000		SSE 968 008500		

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.

<b>Detailed Summary</b>			Amendment    No
Use this form to summarize all disclosure reporting forms and			/
	2. Type of 3 2018 F	Report 3.	LD Number
Committee to Elect Bill BACKS CLERK OF COURT		QUARTER	
Start of Election Cycle: January 1, 2018	•	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 321.04	\$ 4706.16
RECEIPTS	1		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 2,000,00	\$ 2,000
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources	, ,		
11a) Interest on Bank Accounts	(CRO-1250)	\$ ,81	\$ 17.54
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	CONTRACTOR DO NOT THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	s
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	,11d and 11e)	\$ 2,00081	\$ 3,01754
EXPENDITURES			3, 7,07
13) Disbursements		Control of the State of the Sta	
13a) Operating Expenditures	(CRO-1310)	\$ 1,10900	\$ 5,504.85
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, 1			\$ 5504.85
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18		\$ 12.18.85
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 22,000 00	
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)	\$	\$

## **Loan Proceeds Statement**

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws

reporting disclosure laws.	
Name of committee to receive loan:	Committee to Elect Bill Baggs
	CLERK OF COURT
Person lending money to committee	
(Lender):	WILLIAM WARREN "Bill" Baggs
Date of loan to committee:	
	01/31/2018
Name of lending institution and account	
number (source):	N/A
Amount of loan:	2 00
	2,000,00
Names of all parties responsible for	
payment of loan (guarantor):	N/A
Period of loan:	,
	N/A
Rate of interest of loan:	1
	4
Security pledged for loan:	1
	NA

١,	WILLIAM (Person lending	WARREN	Baggs
	(Person lending	money to commit	tee) //

acknowledge that all of the

Information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

William W Bagge

Signature of Lender

Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

Loan Proceeds			Pg	of	1	Amendment Yes No
	rt proceeds from a loan and lo					
	ment must accompany each lo		individual			
	ame (and Fund if applicable			2. I	D Numb	oer
Committee to E	LECT BILL BAggs C		WRT			
3. Lender Informatio		L Add				Remove
a. Full Name, Mailing Add (include city, state, & zi		b. Job Title/I	Profession			d. Comments
	EN "BILL" BAGGE harlotte Road		ERK OF (		T	e. Start Date (mm/dd/yyyy)
Concord, N	C 28027					01/31/2018
980-52		NC	PAOC			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged					NA
	N. Security Fleugeu	i. Account Code	e j. Form of	Payment	t	k. Amount
Ø %	14/11	- 1	CA	SH		\$ 2,000.00
l. Full Name of Lending In	astitution				m. Loan	
4. Endorsers/Makers	(The people who guaran	ntee the loan.)				
a. Full Name, Mailing Add	iress & Phone	b. Job Tit	le/Profession		c. Emplo	yer's Name/Specific Field
(include city, state, & zi	р)		And the second s			yor or tameropeeme Field
		Sr.			9	
		d. Percent	lage		e. Amoui	nt .
				%	\$	
a. Full Name, Mailing Add	Iress & Phone	b. Job Tit	le/Profession		c. Emplo	yer's Name/Specific Field
(include city, state, & zij	ρ)					yer or ameropeeme Pieta
			a.	1 -		
		d. Percent	age		e. Amoui	nt
				%	\$	
a. Full Name, Mailing Add		b. Job Tit	le/Profession		c. Emplo	yer's Name/Specific Field
(include city, state, & zi	<u>p)</u>					-
		d. Percent	age		e. Amour	nt
			4	%	\$	
a. Full Name, Mailing Add		b. Job Titl	le/Profession		c. Emplo	yer's Name/Specific Field
(include city, state, & zip	<b>o)</b>					
		d. Percent	age		e. Amour	nt ·
				%	\$	
5. Total of ALL C	CRO-1410 Pages e 9 of Detailed Summary Page CRO	)-1100)			\$	2,000 00

	eipt Sources		Po	1 05	1	Amendment  Yes No
Use this form to	report income not report	ed on another form.	i.e. interest incom	ne, not for profit	 cont	ributions etc.
1. Committee F	'ull Name (and Fund if a	applicable)			SOUTH REPORT OF	D Number
	e to ELECT Bu					
3. Type of Rece	eipt Source (Please use	separate CRO-1250	forms for each	type of Receipt S	our	ce.)
4. Contributor	The state of the s	tions from Not-for-Profit			ource	s of Income
-	ing Address & Phone	<u>L</u> ]	The state of the s	nove		7
(include city, star			b. Not-for-Profit F	ederal ID#	d. C	omments
STATE E	MPLOYEES CREE	DIT LLWION	c. Outside Source	Evalenation		
60 RA	FORD DRIVE !	IW		- Aspendictors		
	D, NC 28027				e.El	ection Sum to Date
	788-3444				\$	17.06
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	у)	j. Amount
	DRAFT	INTEREST O	N CHECKIN	501/16/2018		\$ .08
1 0 10 1	DRAFT	INTEREST ON C	HECKING	02/13/2018		\$ ,25
4. Contributor	Information ling Address & Phone		-	nove /		
(include city, sta			b. Not-for-Profit I	Federal ID#	d. C	ovaraents
	MPLOYEES CRED	ur linelinal	1			
1	FORD DRIVE		c. Outside Source	Explanation		
CONCOR	P, N C 28027				e. E	lection Sum to Date
704-1	188-3444				\$	17.54
L Account Code	g. Form of Payment	h. In-Kind Description	1	i. Date (mm/dd/yyy	у)	j. Amount
1	DRAFT	INterest on	CHECKING	03/13/201	8	\$ .23
	DRAFT	INTEREST ON	CHECKING	04/12/201	18	\$ .25
4. Contributor			Add Rei	nove		
(include city, sta	ling Address & Phone		b. Not-for-Profit	Federal ID#	d. C	omments
3,1	ony to may)		-			
		*	c. Outside Source	Explanation		
		l la			e. E	lection Sum to Date
					\$	
I. Account Code	g. Form of Payment	h. In-Kind Description	1	i. Date (mm/dd/yy)	yy)	j. Amount
						\$
						\$
5. Total only	THE PARTY OF THE P				\$	,81.
6. Total of A	LL CRO-1250 Pag	es				

(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)

(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)

Disburseme	ents				Pe /	ດໃ	/ Amendment    Yes   No
Use this form to	report expenditures f	rom the committe	ee for o	perating exp	C9 HOUSE CHARGE COLUMN	outions	
committees and	coordinated party exp	penditures	(feedballer 1990)	September 1980			_
	ull Name (and Fund						2. ID Number
	e to Elfer Bi						
3. Type of Disb		use separate CR			which the same of		
4. Payee Inform		ributions to Candida		Add	STATE OF THE OWNER, WHEN PARTY OF THE OWNER, W	Coordina	ted Party Expenditures
	ailing Address & Pho	ne	اسا	2000	Remove ed Committee N	0770	d. Comments
(include city, state,				o. Coor again	a Commune 14	etate	u. Comments
STATE FOR	PLOYEES CRET	IT UNION	,				
LO RAIS	PORD DR NU			c. Level Regi	stered (Specify)  Coun	ty:	Note that the second se
Cansone	P, NC 2802	17		☐ State	☐ Muni	cipality:	e. Election Sum to Date
704-	188-3444						\$ 8600
f. Account Code		h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k R	lequired Remarks
	DRAFT	0	01//	6/2018	\$ 100		BANK FEE
1	DRAFT	.0	02/1.	3/2018	\$ 100		BANK FEE
4. Payee Inform	The second secon			Add	Remove		
(include city, stat	ing Address & Phone			b. Coordinat	ed Committee N	lame	d. Comments
	LPLOYEES CRED	T HALLOW	ŧ				
JAIL LI	FORD DR NW	ii beivioi.		c. Level Regi	stered (Specify)		
EU NAII	2 NO DEM	,	•	Federal	Cour	•	
	3, NC 28027	,		L State	L Mun	icipality:	e. Election Sum to Date
	188-3444						\$ 88.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)			Required Remarks
/	DRAFT	0	03/	13/2018	\$ /.0	00	BANK FEE
1	DRAFT	0.	04/	12/2018	\$ 1.8	00	BANK FEE
4. Payee Inform				Add 🔲	Remove		
	ing Address & Phone te, & zip)			b. Coordinat	ed Committee P	Vame	d. Comments
CABARRUS	te, & zip) County Board wich St N NC 28026-1	OS FLECTION	NS				
3/9 Chi	rch St N	7 27		c. Level Reg	istered (Specify)		
Jor Cris	NC 28026-1	315		Federal	Cour		
Concord	20-2860			State	Mun Mun	icipality:	e. Election Sum to Date
							\$ 1,105.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)			Required Remarks
1-1-	Check	14	02/1	2/2018	\$ 1,105.	00	FILING FEE
		L			\$		
5. Total only th							\$ 1,109.00
(This line goes in	L CRO-1310 Pages  i line 13a of Detailed Sun  line 13b of Detailed Sun	nmary Page CRO-11	100 if Con	trib to Candid	lates/Political C	omm)	\$ 1,109.00
(This line goes in	n line 13c of Detailed Sun	nmary Page CRO-11	100 if Coo	ordinated Part	Expenditures)		1

7. Purpose Codes (List detailed expenditure code in (h.) above)

A\* - Media B\* - Printing

C\* - Fundraising

D - To Another Candidate

E - Salaries I - Postage

F\* - Equipment J - Penalties

G - Political Party K\* - Office Expenses H\* - Holding Public Office Expenses Q\* - Donation to Legal Expense Fund

O\* Other

\* Codes require detailed explanation in required remarks field (k)

Outstanding I	oans
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Pg 1 of 3 Amendment Yes M

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)	2. ID Number		
Committee to elect BILLBAGGS (	LERK O	of Court	
3. Lender Information Ad	ld	Remove	
a. Full Name, Mailing Address & Phone	b. Job Ti	tle/Profession	d. Comments
(include city, state, & zip)	0	Cover 1	
WILLIAML WARREN "BILL" BAGGS		ERK OF COURT	
1639 OID CHARLOTTE ROAD		CABARRUS COUNTY  yer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
Concord, N.C. 28027	- American	3 - 2 Ammodethic Lield	11/13/2009
		NC ACC	f. End Date (mm/dd/yyyy)
980-521-3987		v = उत्पारक	NIA
g. Rate h. Security Pledged		i. Original Loan Amount	j. Remaining Loan Balance
9 % N/A		\$ 2,00000	\$ 2,000 00
k. Full Name of Lending Institution		L-79	I. Loan Number
N/A			
3. Lender Information Ad			
a. Full Name, Mailing Address & Phone		Remove	130
(include city, state, & zip)	- 10		d. Comments
WILLIAM WARREN "BILL" BACGS		ERK OF COURT ABBRRUS COUNTY	
1639 OIL Charlotte ROAD		/	e. Start Date (mm/dd/yyyy)
Concord, NC 28027	- mangaq	yer's Name/Specific Field	02/26/2010
,		NC ACC	f. End Date (mm/dd/yyyy)
980-521-3987		11-1100	NA
g. Rate h. Security Pledged		i. Original Loan Amount	j. Remaining Loan Balance
9 % N/A	•	\$ 8,00000	\$ 8,000.00
k. Full Name of Lending Institution			1. Loan Number
N/A			
3. Lender Information Ac	dd	Remove	<u> </u>
a. Full Name, Mailing Address & Phone		itle/Profession	d. Comments
(include city, state, & zip)	Pi	ERK OF COURT	
WILLIAM WARREN "BILL" BAGGS		ABARRUS COUNTY	
1639 OLD CHARLOTTE BOAD		yer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
Concord, NC 28027			07/09/2010
980-521-3987		NC AOC	f. End Date (mm/dd/yyyy)
			N/A
		i. Original Loan Amount	j. Remaining Loan Balance
Ø % N/A		\$ 2,00000	\$ 2,00000
k. Full Name of Lending Institution	1. Loan Number		
N/A			
4. Total only this Page	\$ 12.000 00		
5. Total of ALL CRO-1430 Pages			
(This line must be on line 21 of Detailed Summary Page CR	0-1100)		\$ 22,000.00

Outstanding	Loans
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2 3 Amendme

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full. 1. Committee Full Name (and Fund if applicable) Committee to ELECK BILL BAGGS CLERK OF COURT 3. Lender Information Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) d. Comments CLERK OF COURT WILLIAM WARREN "BILL" BAGGS CABARRUS COUNTY 1639 GLD CHARLOTTE ROAD e. Start Date (mm/dd/yyyy) c. Employer's Name/Specific Field Concord, NC 28021 NC AOC f. End Date (mm/dd/yyyy 920-521-3987 g. Rate i. Original Loan Amount \$ 5,00000 5,000 00 k. Full Name of Lending Institution NA 3. Lender Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession (include city, state, & zip) d. Comments CLERK OF COURT WILLIAM WARREN "BILL" BAGGS CABARRUS COUNTY 1639 OLD CHARLOTTE ROAD e. Start Date (mm/dd/yyyy) c. Employer's Name/Specific Field CONCORD, N.C. 28027 980-521-3987 NC ACC h. Security Pledged MA k. Full Name of Lending Institution L Loan Number 3. Lender Information Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession (include city, state, & zip) d. Comments CLERK OF COURT WILLIAM WARREN "BILL" RACKS CABARRUS COUNTY 1639 OLD CHARLOTTE ROAD e. Start Date (mm/dd/yyyy) c. Employer's Name/Specific Field Concord, NC 28027 NC AOC 980-521-3987 f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged i. Original Loan Amount j. Remaining Loan Balance 2,000 2,00000 k. Full Name of Lending Institution 4. Total only this Page 5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100) \$ CRO-1430 NC State Board of Elections

Outstanding Lo	ans		_	2	2 Amendment			
Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.								
1 Committee Full Name (and Fund if applicable)								
	ELECT BILL BAGGS CL	EDU A	· Course		2. ID Number			
3. Lender Information								
a. Full Name, Mailing Add	Engol A 450		☐ Ren	nove				
(include city, state, & zig		b. Job Ti	tle/Profession		d. Comments			
WILLIAM WAR	REN "BILL" BAGGS	Ch	ERKOF COUR ABARRUS COU	T	CA - To			
1639 OLD C	YARLOTTE ROJA	c. Emplo	yer's Name/Specific Field	1111	e. Start Date (mm/dd/yyyy)			
CONCORP, NO	C 28027				01/31/2018			
980-521			NCAOC		f. End Date (mm/dd/yyyy)			
•	2107			•	NIA			
g. Rate	h. Security Pledged		i. Original Loan Amoun	t .	j. Remaining Loan Balance			
k. Full Name of Leading Is	N/A		\$ 2,0000		\$ 2,00000			
s. Full Ivanic of Lemming II	isounuon .				l. Loan Number			
3. Lender Information	A							
a. Full Name, Mailing Add	land JAG			nove				
(include city, state, & zig		O. Job Ay	tle/Profession		d. Comments			
			2					
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