

**CABARRUS COUNTY  
BOARD OF ELECTIONS**

APR 27 2018

**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.

RECEIVED

<b>1. Committee Information</b>	
a. Full Name <i>COMMITTEE TO ELECT BILL BAGGS CLERK OF COURT</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>3845 BENT CREEK DRIVE SW CONCORD NC 28027</i>	d. Date Filed
	e. Phone Number <i>704-786-1295</i>

2. Report Year <i>2018</i>	3. Period Start Date (mm/dd/yy) <i>1/1/18</i>	4. Period End Date (mm/dd/yy) <i>4/21/18</i>	5. Treasurer Full Name <i>WANDA H. ARTHUR</i>
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
<b>7. Type of Fund (if applicable, check one)</b>		<b>10. Special Report Name</b>		
<input type="checkbox"/> Booster Fund				
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
<b>8. Number of Fundraisers this Report</b> <i>5</i>				

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <i>STATE EMPLOYEES CREDIT UNION</i>	a. Financial Institution Full Name	b. Purpose <i>CAMPAIGN TRANSACTIONS</i>	c. Account Code
b. Purpose	c. Account Code	d. Period Begin Balance <i>\$ 327.04</i>	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.

*William W Baggs*      *William W Baggs*      *4-27-2018*  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: *4/27/18*      Employee: *smg*      Delivery Method  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Date Postmarked: \_\_\_\_\_      Employee: \_\_\_\_\_  
 Date Scanned: *5/29/18*      Employee: *smg*  
 Signer has not received mandatory training

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.

# 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

<b>1. Committee Information</b>	
a. Full Name <b>Committee to Elect Bill BAGGS CLERK OF COURT CABARRUS COUNTY BOARD OF ELECTIONS</b>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <b>3845 BENT CREEK DRIVE SW CONCORD, NC 28027</b>	d. Date Filed <b>MAY 25 2018</b>
	e. Phone Number <b>704-786-1295</b>

2. Report Year <b>2018</b>	3. Period Start Date (mm/dd/yy) <b>01/01/2018</b>	4. Period End Date (mm/dd/yy) <b>04/21/2018</b>	5. Treasurer Full Name <b>WANDA H. ARTHUR</b>
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>		<b>State/County</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
<b>7. Type of Fund (if applicable, check one)</b>		<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	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b> <b>0</b>		<b>10. Special Report Name</b>		

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <b>STATE EMPLOYEES CREDIT UNION</b>		a. Financial Institution Full Name	
b. Purpose <b>CAMPAIGN, RECEIPTS &amp; EXPENDITURES</b>	c. Account Code <b>1</b>	b. Purpose	c. Account Code
	d. Period Begin Balance <b>\$ 327.04</b>		d. Period Begin Balance <b>\$</b>

**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.

WANDA H. ARTHUR                      Wanda H Arthur                      05/25/2018  
 Printed Name of Signer                      Signature of Appointed Treasurer                      Date

**FOR OFFICE USE ONLY**

Date Received: _____	Employee: _____	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input 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.

**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	
Committee to Elect Bill BAGGS Clerk of Court		2018 FIRST QUARTER			
Start of Election Cycle: January 1, 2018		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 327.04		\$ XXXXXXXXX	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$		\$ 250.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ 2,000.00		\$ XXXXXXXX	
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)		\$		\$	
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)		\$ 2,000.81		\$ XXXXXXXXX	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 1,109.00		\$ 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, 15, 16 and 17)		\$ 1,109.00		\$ 5,504.85	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,218.85		\$ 1,218.85	
<b>ADDITIONAL INFORMATION</b>					
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)		\$		\$	

wmb  
1456.16  
6-1-18

wmb  
5000.00  
6-1-18

wmb  
5267.54  
6-1-18

## 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.

<b>Name of committee to receive loan:</b>	Committee to Elect Bill Baggs CLERK OF COURT
<b>Person lending money to committee (Lender):</b>	WILLIAM WARREN "Bill" Baggs
<b>Date of loan to committee:</b>	01/31/2018
<b>Name of lending institution and account number (source):</b>	N/A
<b>Amount of loan:</b>	2,000. <sup>00</sup>
<b>Names of all parties responsible for payment of loan (guarantor):</b>	N/A
<b>Period of loan:</b>	N/A
<b>Rate of interest of loan:</b>	0
<b>Security pledged for loan:</b>	N/A

I, WILLIAM WARREN Baggs  
(Person lending money to committee)

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 Baggs

Signature of Lender

Wanda H. Arthur

Signature of Treasurer of Committee

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

# Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information  
 A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Committee to ELECT BILL BAGGS CLERK OF COURT					
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
WILLIAM WARREN "BILL" BAGGS 1639 Old Charlotte Road Concord, NC 28027 980-521-3987		CLERK OF COURT			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>	
		NC AOC		01/31/2018	
				<b>f. End Date (mm/dd/yyyy)</b>	
				N/A	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b>	<b>k. Amount</b>	
0%	N/A	1	CASH	\$ 2,000. <sup>00</sup>	
<b>l. Full Name of Lending Institution</b>				<b>m. Loan Number</b>	
<b>4. Endorsers/Makers</b> <i>(The people who guarantee the loan.)</i>					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
				<b>d. Percentage</b>	
				<b>e. Amount</b>	
				% \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
				<b>d. Percentage</b>	
				<b>e. Amount</b>	
				% \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
				<b>d. Percentage</b>	
				<b>e. Amount</b>	
				% \$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
				<b>d. Percentage</b>	
				<b>e. Amount</b>	
				% \$	
<b>5. Total of ALL CRO-1410 Pages</b>				\$ 2,000. <sup>00</sup>	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

# 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	
Committee to ELECT BILL BAGGS CLERK OF COURT					
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		
STATE EMPLOYEES CREDIT UNION 60 RAIFORD DRIVE NW CONCORD, NC 28027 704-788-3444					
		c. Outside Source Explanation			
			e. Election Sum to Date		
			\$ 17.06		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	DRAFT	INTEREST ON CHECKING	01/16/2018	\$ .08	
1	DRAFT	INTEREST ON CHECKING	02/13/2018	\$ .25	
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		
STATE EMPLOYEES CREDIT UNION 60 RAIFORD DRIVE NW CONCORD, NC 28027 704-788-3444					
		c. Outside Source Explanation			
			e. Election Sum to Date		
			\$ 17.54		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	DRAFT	INTEREST ON CHECKING	03/13/2018	\$ .23	
1	DRAFT	INTEREST ON CHECKING	04/12/2018	\$ .25	
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				\$ .81	
6. Total of ALL CRO-1250 Pages				\$ .81	
(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)					
(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)					

**Disbursements**

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
Committee to ELECT BILL BAGES CLERK OF COURT						
<b>3. Type of Disbursement</b> (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
STATE EMPLOYEES CREDIT UNION 60 RAIFORD DR NW CONCORD, NC 28027 704-788-3444						
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 86.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
1	DRAFT	0	01/16/2018	\$ 1.00	BANK FEE	
1	DRAFT	0	02/13/2018	\$ 1.00	BANK FEE	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
STATE EMPLOYEES CREDIT UNION 60 RAIFORD DR NW CONCORD, NC 28027 704-788-3444						
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 88.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
1	DRAFT	0	03/13/2018	\$ 1.00	BANK FEE	
1	DRAFT	0	04/12/2018	\$ 1.00	BANK FEE	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
CABARRUS COUNTY Board of ELECTIONS 369 Church St N Concord, NC 28026-1315 704-920-2860						
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,105.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
1	Check	H	02/12/2018	\$ 1,105.00	FILING FEE	
				\$		
<b>5. Total only this Page</b>						\$ 1,109.00
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 1,109.00
(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)						
<b>7. Purpose Codes</b> (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)						

# Outstanding Loans

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 BILL BAGGS CLERK OF COURT			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
WILLIAM WARREN "Bill" BAGGS 1639 OLD CHARLOTTE ROAD CONCORD, NC 28027 980-521-3987		CLERK OF COURT CABARRUS COUNTY	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		NC AOC	11/13/2009
			f. End Date (mm/dd/yyyy)
			N/A
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	N/A	\$ 2,000. <sup>00</sup>	\$ 2,000. <sup>00</sup>
k. Full Name of Lending Institution		l. Loan Number	
N/A			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
WILLIAM WARREN "Bill" BAGGS 1639 OLD CHARLOTTE ROAD CONCORD, NC 28027 980-521-3987		CLERK OF COURT CABARRUS COUNTY	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		NC AOC	02/26/2010
			f. End Date (mm/dd/yyyy)
			N/A
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	N/A	\$ 8,000. <sup>00</sup>	\$ 8,000. <sup>00</sup>
k. Full Name of Lending Institution		l. Loan Number	
N/A			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
WILLIAM WARREN "Bill" BAGGS 1639 OLD CHARLOTTE ROAD CONCORD, NC 28027 980-521-3987		CLERK OF COURT CABARRUS COUNTY	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		NC AOC	07/09/2010
			f. End Date (mm/dd/yyyy)
			N/A
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	N/A	\$ 2,000. <sup>00</sup>	\$ 2,000. <sup>00</sup>
k. Full Name of Lending Institution		l. Loan Number	
N/A			
4. Total only this Page		\$ 12,000. <sup>00</sup>	
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)		\$ 22,000. <sup>00</sup>	



# Outstanding Loans

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 ELEC Bill BAGGS CLERK OF COURT					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
WILLIAM WARREN "BILL" BAGGS 1639 OLD CHARLOTTE ROAD CONCORD, NC 28027 980-521-3987		CLERK OF COURT CABARRUS COUNTY			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		NC AOC		08/19/2010	
g. Rate		h. Security Pledged		f. End Date (mm/dd/yyyy)	
0 %		N/A		N/A	
			i. Original Loan Amount		j. Remaining Loan Balance
			\$ 5,000.00		\$ 5,000.00
k. Full Name of Lending Institution					l. Loan Number
N/A					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
WILLIAM WARREN "BILL" BAGGS 1639 OLD CHARLOTTE ROAD CONCORD, NC 28027 980-521-3987		CLERK OF COURT CABARRUS COUNTY			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		NC AOC		03/08/2012	
g. Rate		h. Security Pledged		f. End Date (mm/dd/yyyy)	
0 %		N/A		N/A	
			i. Original Loan Amount		j. Remaining Loan Balance
			\$ 1,000.00		\$ 1,000.00
k. Full Name of Lending Institution					l. Loan Number
N/A					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
WILLIAM WARREN "BILL" BAGGS 1639 OLD CHARLOTTE ROAD CONCORD, NC 28027 980-521-3987		CLERK OF COURT CABARRUS COUNTY			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		NC AOC		01/09/2014	
g. Rate		h. Security Pledged		f. End Date (mm/dd/yyyy)	
0 %		N/A		N/A	
			i. Original Loan Amount		j. Remaining Loan Balance
			\$ 2,000.00		\$ 2,000.00
k. Full Name of Lending Institution					l. Loan Number
N/A					
4. Total only this Page					
5. Total of ALL CRO-1430 Pages					\$ 8,000.00
(This line must be on line 21 of Detailed Summary Page CRO-1100)					\$

# Outstanding Loans

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
Committee to ELECT BILL BAGGS CLERK OF COURT			
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>
WILLIAM WARREN "BILL" BAGGS 1639 OLD CHARLOTTE ROAD CONCORD, NC 28027 980-521-3987		CLERK OF COURT CABARRUS COUNTY	<b>e. Start Date (mm/dd/yyyy)</b>
		<b>c. Employer's Name/Specific Field</b>	01/31/2018
		NCAOC	<b>f. End Date (mm/dd/yyyy)</b> N/A
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>
4%	N/A	\$ 2,000 <sup>00</sup>	\$ 2,000 <sup>00</sup>
<b>k. Full Name of Lending Institution</b>		<b>l. Loan Number</b>	
N/A			
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>
			<b>e. Start Date (mm/dd/yyyy)</b>
		<b>c. Employer's Name/Specific Field</b>	<b>f. End Date (mm/dd/yyyy)</b>
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>
%		\$	\$
<b>k. Full Name of Lending Institution</b>		<b>l. Loan Number</b>	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>
			<b>e. Start Date (mm/dd/yyyy)</b>
		<b>c. Employer's Name/Specific Field</b>	<b>f. End Date (mm/dd/yyyy)</b>
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>
%		\$	\$
<b>k. Full Name of Lending Institution</b>		<b>l. Loan Number</b>	
<b>4. Total only this Page</b>		\$ 2,000 <sup>00</sup>	
<b>5. Total of ALL CRO-1430 Pages</b> (This line must be on line 21 of Detailed Summary Page CRO-1100)		\$	