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								
1. Committee Information								
a. Full Name	c. ID Number							
Committee to Elect BILL Backs CLERK OF COURT CABARRUS COUNTY BOARD OF ELECTIONS								
b. Mailing Address (inch	ude City, State and Zip Code)		BUAKD	OF ELECTIONS	d. Date Filed			
3845 BENT	CREEK DRIVE SW	1	JUI	L 09 2018				
CONCORD, N		e. Phone Number						
	CEIVED	704-786-1295						
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period l (mm/dd/yy)	End Date	5. Treasurer Full I	Name			
2018	04/22/2018	06/30,		WANDA H.	ARTHUR			
6. Type of Committ		9. Type of Report		ly one type of report j	<u> </u>			
Candidate Campa PAC	· 🖁 '	Municipal	State/Co		Referendum			
Independent	Referendum	Organizational	1-	Organizational	Organizational			
Expenditure	Joint Fundraiser	Thirty-five day	′ ′	Quarterly	Pre-referendum			
Legal Expense Fu 7. Type of Fund		П »		71				
"Booster Fund"	(if applicable, check one)	Pre-primary Pre-election		First	Final			
Building Fund		Pre-election Pre-runoff		Second Third	Supplemental Final Annual			
		Semi-annual	111	Fourth	Special			
		Mid Year	· ' s	Semi-annual	Special			
Other:		Year End		Mid Year	10. Special Report Name			
		Final		Year End				
8. Number of Fund	raisers this Report	Special Special		Final	~			
0			s	Special				
11. Account Inform	***************************************		11. Account I					
a. Financial Institution I			a. Financial Insti	itution Full Name				
b. Purpose	RES CREDIT LINK	ON						
	c. Account Code		b. Purpose		c. Account Code			
CAMPAIGN, RECEIPTS F	1							
EXPENDITURES	d. Period Begin Balance				d. Period Begin Balance			
	s 1218.8	35			s			
CERTIFICATION								
the NC General State	nmittee or Fund is in compli tes and that no funds are co correct, and that I have been	mmingled with proh	ibited or other i	non-disclosed funds	& 22D-22M of Chapter 163 of I further certify that this report			
WAND			Vanda t	of Certhur	7-9-2018			
FOR OFFICE USE O	THE RESERVE OF THE PARTY OF THE	S	ignature of Appoint	led Treasurer	Date			
Date Received:	7-9-18	Employee:	Da	HP .	Delivery Method Normal Mail			
Date Postmarke	d:	Employee:			Registered Mail Hand Delivered			
Date Scanned:	****	Employee:	ACCOUNTS OF THE PARTY OF THE PA		Electronically Filed Signer has not received			
Date Data Enter	ed:	Employee:			mandatory training			
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.

Amendment

Same	
9 1	Vac

Detailed Summary			Amendment Yes	□ No
Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)	to total mon	etary information		
	2. Type of	Report 3.	ID Number	
Committee to Elect BILL BACKS CLERK OF COURT				
Start of Election Cycle: January 1, <u>2018</u>	-	Total this Reporting Period		al this on Cycle
4) Cash on Hand at Start		\$ 12 18.85		56.16
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	5
6) Contributions from Individuals	(CRO-1210)	\$ 15000	\$ /	10000
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$	
9) Loan Proceeds	(CRO-1410)	\$ (100)	1	600,00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$	000,
11) Other Receipt Sources	£ .			
11a) Interest on Bank Accounts	(CRO-1250)	\$.53	\$	18.07
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$	70.
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)	\$6 150.53		418.07
EXPENDITURES		0		7.3.07
13) Disbursements	Ea			
13a) Operating Expenditures	(CRO-1310)	\$ 2.00	\$ 5.3	506.85
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	5, 16 and 17)	\$ 200	\$ 5	506.85
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ /36738		67.38
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)	\$	ta ii	
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)	\$	\$	

Use this f	orm to report indi	vidual contributions of	over \$50	or contributions und	er \$50 if form C	RO 1205 is n	ot used
1. Comm	ittee Full Name (and Fund if applica	ble)			2. ID Nu	mber
Commi	Hee to ELE	CT BILL BAGGS	CLER	RK OF COURT			
	butor Informatio		\boxtimes	Add Re	move		
a. Full Name, Mailing Address & Phone				b. Job Title/Profession		d. Commer	nts
(include	city, state, & zip)			ATTOR	NEY		
Thon	nas M.E	RADY		c. Employer's Name/Sp		_	
345	NORTH GAT	IE BIND NE				-	
Col	YCORD NC	28025-252	23	HARTSELLEL		e. Election	Sum to Date
Carteria, inc goods			Attorneys a	+ Lew	\$ 150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/	уууу)	k. Amount
$\underline{\underline{\Box}}$							\$
<u> </u>			-				\$
Ш							\$
3. Contri	butor Informatio	n		Add Rei	move		
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commer	nts
(include	city, state, & zip)						
				c. Employer's Name/S	agific Field	_	
				c. Employer's Name/S	Jecilic Field	_	
						e. Election	Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/		k. Amount
							\$
							\$
							\$
3. Contri	butor Informatio	n		Add Rei	nove		
	ie, Mailing Address é	& Phone		b. Job Title/Profession		d. Commer	nts
(include	city, state, & zip)	·					
				c. Employer's Name/Si	acific Field	_	
				c. Employer s (tame/s)	ecinc Field		
						e. Election	Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/	уууу)	k. Amount
							\$
							\$
							\$
	only this Page					\$	15000
	of ALL CRO	-1210 Pages	ממי	1)		\$	15000 00

Contributions from Individuals

Amendment ☐ Yes

Other Receipt Sources ☐ 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) 2. ID Number Committee to ELECT BILBAGGS CLERK OF COURT 3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.) ✓ Interest Contributions from Not-for-Profit Organizations Outside Sources of Income 4. Contributor Information Add Remove . Full Name, Mailing Address & Phone b. Not-for-Profit Federal ID # d. Comments (include city, state, & zip) STATE EMPLOYEES CREDIT UNION c. Outside Source Explanation 60 RAIFORD DRIVE NW e. Election Sum to Date CONCORD, NC 28027 18.07 704-788-3444 f. Account Code g. Form of Payment h. In-Kind Description j. Amount i. Date (mm/dd/yyyy) INTEREST ON CHECKING 05/18/2018 DRAFT , 23 INTEREST ON CHECKING 06/13/2018 DRAFT 30 4. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Not-for-Profit Federal ID # d. Comments (include city, state, & zip) 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 ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Not-for-Profit Federal ID # d. Comments (include city, state, & zip) 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 \$ 6. Total of ALL CRO-1250 Pages (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)

	coordinated party ex				
	Full Name (and Fun				2. ID Number
Committe	e to Elect B	ILL-BAGGS C	LERK OF COU	RT	
. Type of Disb	oursement (Please	use separate CR	O-1310 forms for	each type of Dis	bursement.)
Operating Exp		tributions to Candida	tes/Political Committee	MACCO CONTRACTOR OF THE PARTY O	ordinated Party Expenditures
Payee Inform	nation Iailing Address & Ph	one	Add L	Remove	Lia :
include city, state		one	b. Coordina	ted Committee Nan	d. Comments
0		- 112/102/			
11.00	PLOYEES CRED	17 CONTON.	- Committee - Comm	gistered (Specify)	
residence of the second second	ORD DRNW		Federal State	County:	
	D, NC 28027	<i>'</i>		:======================================	\$ 90.00
	88-3444	[L D C.1		7	10.
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) 05/18/2018	\$ / CO	k. Required Remarks
I	DRAFT			Ψ /:	BANK FEE
1 D T C	DRAFT	0	06/13/2018	\$ 1.00	BANK FEE
1. Payee Inform	mation ling Address & Phone		Add _	Remove	- Is comme
(include city, sta			b. Coordina	ited Committee Mai	ne d. Comments
			- Handley	gistered (Specify)	
			c. Level Reg	PROPERTY .	The same of the sa
			Federal	County	The same of the sa
. Account Code	g. Form of Payment	h. Purpose Code	Federal	County Munici	pality: e. Election Sum to Date
. Account Code	g. Form of Payment	h. Purpose Code	Federal State	County Munici	pality: e. Election Sum to Date \$
. Account Code	g. Form of Payment	h. Purpose Code	Federal State	County Munici	pality: e. Election Sum to Date \$
Account Code		h. Purpose Code	i. Date (mm/dd/yyyy	County Munici	pality: e. Election Sum to Date \$
I. Payee Inform		h. Purpose Code	i. Date (mm/dd/yyyy	County Munici	s & Required Remarks
4. Payee Infor	mation lling Address & Phone	h. Purpose Code	i. Date (mm/dd/yyyy	County Munici J. Amount \$ Remove	s k. Required Remarks
4. Payee Information of the Info	mation lling Address & Phone	h. Purpose Code	i. Date (mm/dd/yyyy	County Munici j. Amount \$ Remove ated Committee Nat	s k. Required Remarks
1. Payee Information. Full Name, Mai	mation lling Address & Phone	h. Purpose Code	i. Date (mm/dd/yyyy	County Munici J. Amount Remove ated Committee Nar	k. Required Remarks d. Comments
4. Payee Information of the Info	mation lling Address & Phone	h. Purpose Code	i. Date (mm/dd/yyyy Add b. Coordina c. Level Re	County Munici J. Amount Remove ated Committee Nar	k. Required Remarks d. Comments
4. Payee Information of the Info	mation lling Address & Phone	h. Purpose Code	i. Date (mm/dd/yyyy) Add b. Coordina c. Level Re	County Munici J. Amount S Remove ated Committee Name gistered (Specify) County	k. Required Remarks d. Comments
I. Payee Information. Full Name, Mai (include city, sta	mation lling Address & Phone	h. Purpose Code	i. Date (mm/dd/yyyy Add b. Coordina c. Level Re Federa State	County Munici J. Amount Remove Ated Committee Nam gistered (Specify) County Munici	k. Required Remarks d. Comments e. Election Sum to Date
I. Payee Information. Full Name, Mai (include city, sta	mation ding Address & Phone ate, & zip)		i. Date (mm/dd/yyyy) Add b. Coordina c. Level Re	County Munici J. Amount Remove ated Committee Nan gistered (Specify) County Munici J. Amount	e. Election Sum to Date \$ k. Required Remarks d. Comments e. Election Sum to Date \$
I. Payee Information. Full Name, Mai (include city, sta	mation ding Address & Phone ate, & zip)		i. Date (mm/dd/yyyy Add b. Coordina c. Level Re Federa State	County Munici J. Amount Remove ated Committee Nan gistered (Specify) County Munici J. Amount	e. Election Sum to Date \$ k. Required Remarks d. Comments e. Election Sum to Date \$
l. Payee Information. Full Name, Mai (include city, statement of the city).	mation lling Address & Phone ate, & zip) g. Form of Payment		i. Date (mm/dd/yyyy Add b. Coordina c. Level Re Federa State	County Munici J. Amount Remove ated Committee Nan gistered (Specify) County Munici J. Amount	e. Election Sum to Date k. Required Remarks d. Comments e. Election Sum to Date k. Required Remarks
4. Payee Information. Full Name, Mai (include city, statement). Account Code	mation ding Address & Phone ate, & zip) g. Form of Payment his Page		i. Date (mm/dd/yyyy Add b. Coordina c. Level Re Federa State	County Munici J. Amount Remove ated Committee Nan gistered (Specify) County Munici J. Amount	e. Election Sum to Date \$ k. Required Remarks d. Comments e. Election Sum to Date \$
4. Payee Information. Full Name, Main (include city, statement). E. Account Code 5. Total only to the control of AL	mation lling Address & Phone ate, & zip) g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy Add b. Coordina c. Level Re Federa State	County Munici J. Amount S Remove ated Committee Nan gistered (Specify) County Munici J. Amount S S	e. Election Sum to Date k. Required Remarks d. Comments e. Election Sum to Date k. Required Remarks

O* Other * Codes require detailed explanation in required remarks field (k) CRO-1310

A* - Media

E - Salaries

I - Postage

B* - Printing

J - Penalties

F* - Equipment

NC State Board of Elections

C* - Fundraising

G - Political Party

K* - Office Expenses

December 2009

D - To Another Candidate

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

Outstanding	Loans
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No :

Use this form to report	any outstanding loans receiv	ed during	a previous reporting period ar	nd until the loan is paid in full.
1. Committee Full Na	me (and Fund if applicable			2. ID Number
Committee to	elect BILL BAGGS (LERK 4	of Court	
3. Lender Informatio		ld	Remove	
a. Full Name, Mailing Add	d. Comments			
(include city, state, & zi		0	LERK OF COURT	
	en "Bill" Bages		CABARRUS COUNTY	G. Commission of the commissio
1639 Old C	HARLOTTE ROAD		yer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
Concord, NO	C 28627			11/13/2009
			NC ACC	f. End Date (mm/dd/yyyy)
980-52	1-2781			NIA
g. Rate	h. Security Pledged	<u> </u>	i. Original Loan Amount	j. Remaining Loan Balance
9 %	NIA		\$ 2,00000	\$ 2,000 00
k. Full Name of Lending h	estitution		1,000.	
N/o				I. Loan Number
71/7				
3. Lender Information a. Full Name, Mailing Add		1	Remove	
(include city, state, & zi		- 1	itle/Profession	d. Comments
WILLIAM WA	RREN "BILL" BACGS		ERK OF COURT	
1639 611 C	harlotte Road		ABARRUS County	e. Start Date (mm/dd/yyyy)
Concord, N		c. Emple	yer's Name/Specific Field	02/26/2010
			NC AOC	f. End Date (mm/dd/yyyy)
980-5	21-3987		NC MUC	6470
g. Rate	h. Security Pledged	<u> </u>	i O-iIV	N/H
0 %	51/0		i. Original Loan Amount	j. Remaining Loan Balance
k. Full Name of Lending I	N/A		\$ 8,00000	\$ 8,000.00
	asutution			1. Loan Number
N/A				
3. Lender Informatio	the state of the s	dd	Remove	
a. Full Name, Mailing Add (include city, state, & zi		b. Job T	itle/Profession	d. Comments
	RAEN "BILL" BAGGS		ERK OF COURT	
		C	ABARRUS COUNTY	e. Start Date (mm/dd/yyyy)
	CHARLOTTE POAD	c. Emple	yer's Name/Specific Field	
Concord, N	C 28027		11000	07/09/2010
980-521-3987			NC AOC	f. End Date (mm/dd/yyyy)
g Pate				N/A
6 %	11		i. Original Loan Amount	j. Remaining Loan Balance
T	NA		\$ 2,00000	\$ 2,00000
k. Full Name of Lending I	estration			l. Loan Number
NA				
4. Total only this Pag				\$ 12,000,00
5. Total of ALL CRC				\$ 22,000.
() his mile must be oh lin	e 21 of Detailed Summary Page CR	O-1100)	全 性的影响是一种的影响。	· 24,000.

Outstanding	Loans
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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) 2. ID Number 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 OLD 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) 980-521-3987 g. Rate i. Original Loan Amount j. Remaining Loan Balance \$ 5,00000 5,000 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, NC 28027 N.C. AOC. 980-521-3987 h. Security Pledged MA 1.000 k. Full Name of Lending Institution L Loan Number 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, 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 00 2,00000 k. Full Name of Lending Institution 4. Total only this Page 5. Total of ALL CRO-1430 Pages 8,00000 (This line must be on line 21 of Detailed Summary Page CRO-1100) \$ CRO-1430

NC State Board of Elections

Outstanding	Loans
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Outstanding Loans		7		2		dment		
	Pg	2	of	3		Yes	П	No
Use this form to report any outstanding loans received during a previous report	rting	neriod a	nd son	til the L	nan ie s	ni hier	SIL	
	-61	Larzon on	THUR CELL	CAR LINE II	neur 19 l	SCHOOL THE	AUM.	

1. Committee Full Na	2. ID Number						
Committee to	ore AME A TRANSPORT						
3. Lender Information Add Remove							
a. Full Name, Mailing Add	d. Comments						
(include city, state, & zip		u. Commens					
WILLIAM WAR							
WILLIAM HIM	Pal	C	BARRUS	COUNTY	e. Start Date (mm/dd/yyyy)		
1639 OLD C	HARLOTTÉ ROJA	c. Employ	yer's Name/Speci	ific Field	1		
CONCORP, N	C 28027				01/31/2018		
CONCOR	30.60		NCAC	10	f. End Date (mm/dd/yyyy)		
980-521	-3487		NUM		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		
g. Rate	h. Security Fledged	-	i Original I am	- A	NIA		
0 %	a/1 A		i. Original Load		j. Remaining Loan Balance		
k. Full Name of Lending la	N/H		\$ 2,00	00 00	\$ 2,00000		
A Post Post of Landing in	290CGEOO				1. Lean Number		
N/	A						
3. Lender Informatio	a 🗆 Ad	ld		7 2			
n. Full Name, Mailing Add		-	fle/Profession	Remove			
(include city, state, & zi		ar and th	UZIE PORESSION		d. Comments		
		1					
				8	a Stand Pade (co. 122)		
	*	c. Emple	yer's Name/Spec	ific Field	e. Start Date (mm/dd/yyyy)		
				,			
					f. End Date (mm/dd/yyyy)		
la.					()		
g. Rate	h. Security Pledged	<u> </u>	:04: 15				
0/			i. Original Loa	a Amount	j. Remaining Loan Palance		
% k. Full Name of Lending h	A Chart	•	\$		\$		
is a martenase of reciping in	ANREGOR				L Loan Number		
3. Lender Informatio	т П л	1.3	Free Control of the C				
a. Full Name, Mailing Add	Long A AA		L	Remove			
(include city, state, & zi		0. 300 13	fle/Profession		d. Comments		
		1					
14			٠.		84 13 14		
77		c. Emplo	yer's Name/Spec	ific Field	e. Start Date (mm/dd/yyyy)		
				THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PER	-		
			20		f. End Date (mm/dd/yyyy)		
					- And Date (Rinneryyyy)		
g. Rate	h. Security Pledged		i. Original Lon	- A			
%				a Alebum	j. Remaining Loan Balance		
k. Full Name of Lending I			\$		\$		
in reminant of Azuming I					L. Loan Number		
·		=					
4. Total only this Pag	e ·				\$ 2,0000		
	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	e 21 of Detailed Summary Page CR	0-1100)			\$		
CRO-1430		MC Ctota D.					