

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.

| | | | |
|---|--|---|--------------------------------|
| 1. Committee Information | | | |
| a. Full Name | | c. ID Number | |
| KEEP WAYNE NIXON REGISTER OF DEEDS | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Filed | |
| P.O. BOX 602 CONCORD, NC 28026 | | 01/26/2024 | |
| | | e. Phone Number | |
| | | | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2023 | 07/01/2023 | 12/31/2023 | WAYNE NIXON |
| 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"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund | | Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | |
| 7. Type of Fund (if applicable, check one) | | State/County | |
| <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other: | | <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | |
| 0 | | | |
| 3. Account Information | | 3. Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| WELLS FARGO | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| CAMPAIGN EXPENSES | A | | |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 634.90 | | \$ |
| 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 | | | |
| <u>Kimberly A. Herrick</u> Printed Name of Signer | | <u>Kendall O. Akal</u> Signature of Appointed Treasurer | |
| | | <u>01/26/2024</u> Date | |
| FOR OFFICE USE ONLY | | | |
| Date Received: | <u>1/26/24</u> | Employee: | <u>JS</u> |
| Date Postmarked: | _____ | Employee: | _____ |
| Date Scanned: | <u>1-29-24</u> | Employee: | <u>IAN</u> |
| Date Data Entered: | _____ | Employee: | _____ |
| 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 | | | |
| 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. | | | |

RECEIVED IN-PERSON
 JAN 26 2024
 CABARRUS COUNTY BOARD OF ELECTIONS

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 | |
|--|---------------------------|-----------------------------|---------------------------|
| KEEP WAYNE NIXON REGISTER OF DEEDS | 2023 Year End Semi-Annual | | |
| Start of Election Cycle: January 1, <u>2021</u> | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 0.00 | \$ 634.90 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 0.00 | \$ 0.00 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 0.00 | \$ 0.00 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ 0.00 | \$ 0.00 |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ 0.00 | \$ 0.00 |
| 9) Loan Proceeds | (CRO-1410) | \$ 1,000.90 | \$ 1,000.90 |
| 10) Refunds/Reimbursements to the Committee | (CRO-1240) | \$ 0.00 | \$ 0.00 |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11b) Contributions from Not-For-Profit Organizations | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11c) Outside Sources of Income | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11d) Legal Expense Fund- Other Sources | (CRO-1270) | \$ 0.00 | \$ 0.00 |
| 11e) Exempt Purchase Price Sales | (CRO-1265) | \$ 0.00 | \$ 0.00 |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) | | \$ 1,000.90 | \$ 1,000.90 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 1,000.90 | \$ 1,000.90 |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ 0.00 | \$ 0.00 |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ 0.00 | \$ 0.00 |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ 0.00 | \$ 0.00 |
| 15) Loan Repayments | (CRO-1420) | \$ 0.00 | \$ 0.00 |
| 16) Refunds/Reimbursements from the Committee | (CRO-1320) | \$ 0.00 | \$ 0.00 |
| 17) In-Kind Contributions | (CRO-1510) | \$ 0.00 | \$ 0.00 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 1,000.90 | \$ 1,000.90 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 0.00 | \$ 634.90 |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ 0.00 | |
| 21) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ 1,000.90 | |
| 22) Debts and Obligations owed by the Committee | (CRO-1610) | \$ 2,802.90 | |
| 23) Debts and Obligations owed to the Committee | (CRO-1620) | \$ 0.00 | |
| 24) Account Transfers Within the Committee | (CRO-1720) | \$ 0.00 | |
| 25) Administrative Support | (CRO-1710) | \$ 0.00 | \$ 0.00 |
| 26) Forgiven Loans | (CRO-1440) | \$ 0.00 | \$ 0.00 |
| 27) 48-Hour Notice Reports Sum | (CRO-2220) | \$ 0.00 | \$ 0.00 |
| 28) Contributions to be Refunded | (CRO-1215) | \$ 0.00 | \$ 0.00 |

Loan Proceeds

Pg 1 of 1

Amendment
 Yes No

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

| | | | | | |
|---|----------------------------|--|---------------------------|--|--|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| KEEP WAYNE NIXON REGISTER OF DEEDS | | | | | |
| 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 | |
| WAYNE NIXON 3462 RANKIN RD CONCORD, NC 28027 | | REGISTER OF DEEDS | | | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) | |
| | | CABARRUS COUNTY | | 12/11/2023 | |
| | | | | f. End Date (mm/dd/yyyy) | |
| | | | | | |
| g. Rate | h. Security Pledged | i. Account Code | j. Form of Payment | k. Amount | |
| 0.000 % | | A | Electric Funds Tran | \$ 1,000.90 | |
| l. Full Name of Lending Institution | | | | m. Loan Number | |
| | | | | | |
| 4. Endorsers/Makers <i>(The people who guarantee the loan.)</i> | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | c. Employer's Name/Specific Field | |
| | | | | | |
| | | d. Percentage | | e. Amount | |
| | | % | | \$ | |
| 5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i> | | | | \$ 1,000.90 | |

Debts and Obligations Owed By the Committee

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases.

| | | | |
|---|-----------------------------|--|---|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| KEEP WAYNE NIXON REGISTER OF DEEDS | | | |
| 3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor. | |
| WAYNE NIXON 3462 RANKIN RD CONCORD, NC 28027 | | b. Description of Creditor LOAN FOR FILING FEE | |
| c. Beginning Balance | d. Total Amount Paid | e. Total Amount Incurred | f. Remaining Balance |
| \$ 1,802.00 | \$ 0.00 | \$ 1,000.90 | \$ 2,802.90 |
| g. Incurred Debts (what the committee received this period) | | | |
| g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) | | g2. Date (mm/dd/yyyy) | g3. Amount |
| WAYNE NIXON 3462 RANKIN RD CONCORD, NC 28027 | | 12/11/2023 | \$ 1,000.90 |
| | | g4. Purpose Code H | g5. Required Remarks FILING FEE FOR PRIMARY |
| g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) | | g2. Date (mm/dd/yyyy) | g3. Amount |
| | | | \$ |
| | | g4. Purpose Code | g5. Required Remarks |
| g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) | | g2. Date (mm/dd/yyyy) | g3. Amount |
| | | | \$ |
| | | g4. Purpose Code | g5. Required Remarks |
| g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) | | g2. Date (mm/dd/yyyy) | g3. Amount |
| | | | \$ |
| | | g4. Purpose Code | g5. Required Remarks |
| g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) | | g2. Date (mm/dd/yyyy) | g3. Amount |
| | | | \$ |
| | | g4. Purpose Code | g5. Required Remarks |
| g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) | | g2. Date (mm/dd/yyyy) | g3. Amount |
| | | | \$ |
| | | g4. Purpose Code | g5. Required Remarks |
| 4. Total only this Page (This should be the sum of all items 'g3.' from this page) | | \$ 2,802.90 | |
| 5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100) | | \$ 2,802.90 | |
| 6. Purpose Codes (List detailed expenditure code in (g4.)) | | | |
| 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 | O* - Other |
| * Codes require detailed explanation in required remarks field (g5.) | | | |

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 | |
| KEEP WAYNE NIXON REGISTER OF DEEDS | | | |
| 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 |
| WAYNE NIXON 3462 RANKIN RD CONCORD, NC 28027 | | REGISTER OF DEEDS | e. Start Date (mm/dd/yyyy) |
| | | c. Employer's Name/Specific Field | 12/11/2023 |
| | | CABARRUS COUNTY | f. End Date (mm/dd/yyyy) |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
| 0.00% | | \$ 1,000.90 | \$ 1,000.90 |
| k. Full Name of Lending Institution | | | l. Loan Number |
| | | | |
| 4. Total only this Page | | | \$ 1,000.90 |
| 5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i> | | | \$ 1,000.90 |



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

- Name of committee to receive loan: Keep Wayne Nixon Register of Deeds
- Person or committee to make loan: Wayne Nixon
- Date of loan to committee: 12/11/2023
- Name of lending institution (source):
Individual (Wayne Nixon)
- Amount of loan: \$1,000.90
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors):
Wayne Nixon
- Period of loan: indef
- Rate of interest of loan: 0%
- Security pledged for loan: N/A

I, Wayne Nixon, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Wayne Nixon

Signature of Lender

1/25/2024

Date Signed

Kimberly D. Havel

Signature of Treasurer of Committee

1/26/24

Date Signed