## **CABARRUS COUNTY BOARD OF ELECTIONS**

ADD o 7 %

Disclosure Report Co			R 277			Amendment  Yes P No
Use this form for general report	and committee in	formation, r	nust be s	igned and su	ıbmitted aloı	ng with other detailed forms.
Do not use this form to update in	nformation.	Kt	CEIVE			
1. Committee Information						
a. Full Name	<b>-</b>	***		· ~	2	c. ID Number
COMMITTEE TO		L Blo	65 C	LERIL OF	COURT	
b. Mailing Address (include City, Stat						d. Date Filed
3845 BENT CREE	TL DRIVE &	$\mathcal{Z}W$				
CONCORD NC 280	クマラ					e. Phone Number
						704-786-1295
2. Report Year 3. Period Start	Date (mm/dd/yy)	4. Period I	End Date	e (mm/dd/yy)	5. Treasure	er Full Name
2018 1/1/18		4/21	1			7 H. ARTHUR
6. Type of Committee (Check C	)ne) 9. T	Type of Rep	ort (che	eck only one	type of repo	ort from one category)
Candidate Campaign Part		nicipal		State/County		Referendum
		Organizationa		✓ Organizati	onal	Organizational
100000 - 000000000000000000000000000000		Thirty-five day	у	Quarterly		Pre-referendum
Legal Expense Fund		Pre-primary		First		Final
		Pre-election	1	Secon		Supplemental Final
7. Type of Fund (if applicable,	La División Assessor Assessor Escul	Pre-runoff		Third		Annual
Booster Fund		Semi-annual		Fourt		☐ Special
Building Fund	ᄖ	Mid Yea		Semi-annu		
Other:	님	Year End	1	Mid '	E1,	10. Special Report Name
8. Number of Fundraisers this	- I have a	Final	1:	Year	End	
If Leading to the best of the secretary of the second section of the section of the second section of the s	Kehort	Special	1	Final		
-8				Special		
11. Account Information				ount Inform	AND THE PERSON NAMED IN COLUMN TO PARTY.	
a. Financial Institution Full Name	1 N N N N N N N N N N N N N N N N N N N		a. Financi	ial Institution l	Full Name	
STATE EMPLOYEES CRI	DIT UNION	′				
o. Purpose	c. Account Code		b. Purpos	e		c. Account Code
CAMPAIGN TRANSACTIONS						
TRANSACTIONS	d. Period Begin Bal	Balance				d. Period Begin Balance
	\$ 327.00	4				\$
CERTIFICATION						
I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct	t no funds are com	mingled with	prohibite	d or other non	-disclosed fu	8 & 22D-22M of Chapter 163 nds. I further certify that this
William W Ba	,995 L	Ville	arkel	Bogg-	D Irer	4.27-2018 Date
FOR OFFICE USE ONLY		0.8.		pportated freust		Date
Date Received:	17/18	Employ	ree: <u>6</u>	ma		very Method Normal Mail
Date Postmarked:		Employ	ee:	0		Registered Mail Hand Delivered
Date Scanned: 5/2	9/18	Employ	ee: <u>5</u>	ing		Electronically Filed
Date Data Entered:	/ , , ,	Employ	ee:	U		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.

Disclosure Re Use this form for gen Do not use this form	port Cover neral report and committee to update information	information	ı, must be si	igned and su			Yes No
1. Committee Inform	mation					MATHEMATICA TRANS	
a. Full Name						c. ID	Number
	o Elect Bru Bacc	S CLERK	of Cour	RTCABAR	RUS COUNTY		
b. Mailing Address (incl	ude City, State and Zip Code)			BUARD	OF ELECTIONS	d. D	ate Filed
The second secon	CREEK DRIVE SI	W		MA	Y <b>2</b> 5 2018		
CONCORD, NC 28027 e. Phone Number							none Number
	· ·				CEIVED	74	04-186-1295
2. Report Year	3. Period Start Date (mm	uu/vvi	4. Period Enm./dd/yy)	nd Date	5. Treasurer Full	Name	
2018	01/01/2018		04/2	1/2018	WANDA H.	AR	THUR
6. Type of Committ			of Report		only one type of report	from	one category)
Candidate Campa	uign	Municipal		State	/County	Refe	erendum
Independent			rganizational		Organizational		Organizational
Expenditure Legal Expense Fu	Joint Fundraiser		hirty-five day		Quarterly		Pre-referendum
7. Type of Fund	(if applicable, check one)	$ \square$	re-primary		First		Final
Booster Fund"		Pı Pı	re-election	lõ	Second		Supplemental Final
Building Fund		Pr	re-runoff		Third		Annual
		I Se	emi-annual		Fourth		Special
Other:		1H	Mid Year Year End	lri	Semi-annual Mid Year	10	Constal Day (N
		☐ Fi	nal	IH	Year End	10.	Special Report Name
8. Number of Funda	raisers this Report	$\Box$ $\Box$ $s_1$	pecial		Final		
0			manananan maka		Special		
11. Account Inform					t Information		
a. Financial Institution F		1 0 4 1		a. Financial In	stitution Full Name		
b. Purpose	C. Account Code	ION		b. Purpose	*	1.	Account Code
CAMPAIGN,				o. x ai post		- 1	Account Coue
RECEIPTSE	1						
EXPENDITURES	d. Period Begin Balan	ce				d.	Period Begin Balance
	\$ 327,0	74				\$	
CERTIFICATION							
I certify that the Com	nmittee or Fund is in comp	liance with	all applicab	le provision	s of Article 22A, 22B,	& 22	D-22M of Chapter 163 of
the NC General Statu	ites and that no funds are correct and that I have been	ommingled	with prohib	pited or othe	r non-disclosed funds	I furt	her certify that this report
U/AND	A H. ARTHUR	m trained of	y the NC St	la Board of		0	5/25/2018
<u> </u>	Printed Name of Signer		Sign	- 2	inted Treasurer		Date
FOR OFFICE USE O	NLY						2.0
Date Received:	The state of the s	_ E	mployee:				ery Method
Data Bartana I	1	_					Normal Mail Registered Mail
Date Postmarked	1:	_ E	mployee:				Hand Delivered
Date Scanned:		_ E	mployee:	**************************************			Electronically Filed Signer has not received
Date Data Entere	ed:	Е	mployee:	-			mandatory training
Please Note: Thi	s form cannot be used to a	mend com-	sittee info	action1	andha annu 'u 11		

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.

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 2018 FIRST Committee to Elect BILL BAGGS CLERK OF COLRT QUARTER Total this Total this Start of Election Cycle: January 1, Reporting Period Election Cycle 4) Cash on Hand at Start \$ XXXXXXXXXX 327.04 1456.16 RECEIPTS 6-1-18 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 \$ XXXXXXXX 5000.00 10) Refunds/Reimbursements to the Committee (CRO-1240) \$ 6-1-10 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) \$ 2,00081 \$ XXXXXXXXX 5267.54 EXPENDITURES 6-1-18 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 0900 \$ 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) 0900 \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18] \$ 8 85 \$ ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 23.000 22) Debts and Obligations owed by the Committee (CRO-1610) 8 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)

NC State Board of Elections

\$

August 2008

**Detailed Summary** 

CRO-1100

Amendment

## **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
	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	1
number (source):	N/A
Amount of loan:	2,000,00
	2,000,
Names of all parties responsible for	
payment of loan (guarantor):	N/A
Period of loan:	1
	N/A
Rate of interest of loan:	/
	4
Security pledged for loan:	,
	NA

١,	WILLIAM	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 Bassa

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.

1. Committee Full Name (and Fund if applicable	oan that is from an indi		ID Number
Committee to ELECT BILL BAggs (			A194400 VA
3. Lender Information	Add Add		D
a. Full Name, Mailing Address & Phone	b. Job Title/Profe	esion	Remove d. Comments
(include city, state, & zip)		551011	u. Comments
" RACEG	MIER	K OF COUR	A-T
WILLIAM WARREN "BILL" BAGGE 1639 Old Charlotte Road			e. Start Date (mm/dd/yyyy)
1639 012 (1101)	c. Employer's Na	ne/Specific Field	01/31/2018
Concord, NC 28027	2/0/	N - 0	f. End Date (mm/dd/yyyy)
980-521-3987	NCF	70C	A//A
g. Rate h. Security Pledged	111111111111111111111111111111111111111		/V/H
. A//A	i. Account Code	j. Form of Paymen	
0 %	—	CASH	\$ 2,000.00
. Full Name of Lending Institution			m. Loan Number
I. Endorsers/Makers (The people who guaran	1-4-11		
Brutorsers Aviancers (The people who guarantees). Full Name, Mailing Address & Phone	b. Job Title/Pro	-ferrion	To the Name of the Pints
(include city, state, & zip)		ACSSION	c. Employer's Name/Specific Field
	d. Percentage		e. Amount
	The Avenue of th		
	(F)	%	\$
a. Full Name, Mailing Address & Phone	b. Job Title/Pro	ofession	c. Employer's Name/Specific Field
(include city, state, & zip)	-		
		(8)	
	d. Percentage		e. Amount
	1	%	\$
	1	, ,	-
Full Name, Mailing Address & Phone	h Ioh Title/Pro		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Pro		c. Employer's Name/Specific Field
	b. Job Title/Pro		c. Employer's Name/Specific Field
	b. Job Title/Pro		c. Employer's Name/Specific Field
	b. Job Title/Pro		c. Employer's Name/Specific Field
		ofession	e. Amount
(include city, state, & zip)	d. Percentage	ofession %	
(include city, state, & zip)  a. Full Name, Mailing Address & Phone		ofession %	e. Amount
(include city, state, & zip)	d. Percentage	ofession %	c. Amount
(include city, state, & zip)  a. Full Name, Mailing Address & Phone	d. Percentage	ofession %	c. Amount
(include city, state, & zip)  a. Full Name, Mailing Address & Phone	d. Percentage	ofession %	c. Amount
(include city, state, & zip)  a. Full Name, Mailing Address & Phone	d. Percentage	ofession %	c. Amount

Other Receipt Sources		Pg			Amendment  Yes No			
Use this form to report income not repo	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 i		2. I	D 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.)								
4. Contributor Information	outions from Not-for-Profit		The state of the s	ource	s of Income			
a. Full Name, Mailing Address & Phone	<u>Li</u>		nove	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1			
(include city, state, & zip)		b. Not-for-Profit F	ederal ID #	d. C	omments			
STATE EMPLOYEES CRE	EDIT / Winal							
60 RAIFORD DRIVE	Mui	c. Outside Source	Explanation					
CONCORD, NC 2802								
		<b>5</b>		e. El	ection Sum to Date			
704-788-3444 E. Account Code   g. Form of Payment	LEVIN			\$	17.06			
	h. In-Kind Description		i. Date (mm/dd/yyy	y)	j. Amount			
1 DRAFT	INTEREST O	N CHECKINI	501/16/2018		\$ .08			
1 DRAFT	THTEREST ON C	HECKING	02/13/2018		\$ ,25			
4. Contributor Information		Add Ren	nove /					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit F	ederal ID#	d. C	omments			
STATE EMPLOYEES CRE GORALFORD DRIVE CONCORD, N C 28027	NW	c. Outside Source Explanation						
704-788-3444		Maria Allenda		e. E	lection Sum to Date			
L. Account Code   g. Form of Payment	h. In-Kind Description		le market	Ļ				
1 DRAFT	INterest on		i. Date (mm/dd/yyy		\$ , 23			
1 DRAFT	INTEREST ON	CHECKING			\$ .25			
4. Contributor Information		Add Ren	nove					
a. Full Name, Mailing Address & Phone		b. Not-for-Profit I	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME	la. C	ommenis			
(include city, state, & zip)				-				
			•					
		c. Outside Source	Explanation					
				e.E	lection Sum to Date			
I. Account Code g. Form of Payment	h In Wind Phone in the			\$	-			
S- A WAR VA A WINDER	h. In-Kind Description		i. Date (ram/dd/yy)	ry)	j. Amount			
	-			-	\$			
5. Total only this Page					\$			

(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income) CRO-1250

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)

NC State Board of Elections

December 2007

							Amendment		
Disburseme	ents				Pg /	of	/ Yes No		
Use this form to	report expenditures fi	rom the committe	e for or	erating exp	enses, contr	ibutions	s to candidate/political		
committees and coordinated party expenditures									
1. Committee F	ull Name (and Fund	if applicable)					2. ID Number		
Charles and the Control of the Contr	Committee to ELECT BILL BAGES CLERK OF COURT								
3. Type of Disbu	irsement (Please	use separate CR	0-1310	forms for e	ach type of	Disburs	sement.)		
Operating Expe	nses Cont	ributions to Candidat	es/Politic	al Committees		Coordin	ated Party Expenditures		
4. Payee Inform	ation			Add 🔲	Remove				
a. Full Name, Ma	ailing Address & Pho	ne		b. Coordinate	d Committee	Name	d. Comments		
(include city, state,					***************************************				
STATE ENL	OLD YEES CRED	IT UNION		. To I Dod	4. 3 (0	<del></del>			
LO RAIS	ORD DA NW O, NC 2802			c. Level Regis	General		_		
60 11111	N/0 2002	7		State	TOWNS .	ınty: nicipality	e. Election Sum to Date		
CONCOR	0, 11 6 2000	•		demil Dutto	and Mu	шсіранцу			
704-	188-3444						\$ 8600		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	lk.	Required Remarks		
1	DRAFT	Ö	01//	12018	\$ /00		BANK FEE		
Í	DRAFT	. 0	02/13	3/2018	\$ 100		BANK FEE		
4. Payee Inform				Add	Remove		OHAK 122		
a. Full Name, Maili	ng Address & Phone			b. Coordinate	ed Committee	Name	d. Comments		
(include city, stat									
STATE EN	LPLOYEES CREDI	T UNION							
	FORD DR NW			c. Level Regis	stered (Specif	y)			
				L Federal	-	unty:			
	3, NC 28027			L State	☐ Mu	nicipality	e. Election Sum to Date		
	188-3444						\$ 88.00		
		h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount		Required Remarks		
/	DRAFT	0	03/	13/2018	\$ /.	00	BANK FEE		
/	DRAFT	0.	04/	12/2018	\$ /.	00	BANK FEE		
4. Payee Inform				Add 🔲	Remove				
	ing Address & Phone			b. Coordinate	ed Committee	Name	d. Comments		
(include city, stat	te, & zip)								
CABARRUS	COUNTY BOAID	of ELECTION	VS						
369 Chu	rch St N	' _		THE RESERVE AND ADDRESS OF THE PARTY OF THE	stered (Specif				
Cananyd	NC 28026-1	315		Federal	Shearen	unty:			
Concord	20-2860	1		L State	l Mi	micipality	e. Election Sum to Date		
			·		_		\$ 1,105.00		
f. Account Code	g. Form of Payment		i. Date (	mm/dd/yyyy)	j. Amount	k.	Required Remarks		
	Check	[4	02/1	2/2018	\$ 1,105	,00	FILING FEE		
				254	\$				
5. Total only th	is Page						\$ 1,109.00		
6. Total of ALI	CRO-1310 Pages								
	line 13a of Detailed Sum						\$ 1,109.00		
	line 13b of Detailed Sun						\$ 1,109.00		
(This line goes in	line 13c of Detailed Sum	mary Page CRO-11	00 if Coo	rdinated Party	Expenditures	;)	,		
7. Purpose C	odes (List detailed	expenditure code	e in (h.)	above)					
A* - Media	B* - Printin			undraising	D	- To Ar	nother Candidate		

E - Salaries

I - Postage O\* Other

F\* - Equipment

J - Penalties

G - Political Party

K\* - Office Expenses

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

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 Na	me (and Fund if applicable)			2. ID Number			
Committee to							
3. Lender Information							
a. Full Name, Mailing Add		b. Job Ti	tle/Profession	d. Comments			
(include city, state, & zip)  WILLIANL WARREN "BILL" BAGGS  1639 OID CHARLOTTE ROAD			ERK OF COURT	e. Start Date (mm/dd/yyyy)			
98 M		c. Emplo	yer's Name/Specific Field				
Concord, NO	28027		310 000	11/13/2009			
980-52	1-3987		NC ACC	£ End Date (mm/dd/yyyy)			
g. Rate	h. Security Pledged		i. Original Loan Amount	j. Remaining Loan Balance			
9. %	NA		\$ 2,00000	\$ 2,000 00			
k. Full Name of Lending Is	stitution			I. Loan Number			
N/A							
3. Lender Informatio		d	Remove				
a. Full Name, Mailing Add	요즘 지역 회에 이번	b. Job Ti	tle/Profession	d. Comments			
(include city, state, & zi		01	ERK OF COURT				
	RREN "BILL" BACGS		ABARRUS COUNTY				
1639 OIL C	harlotte Road		yer's Name/Specific Field	e. Start Date (mm/dd/yyyy)			
Concord, N	C 28027			02/26/2010			
980-521-3987			NC AOC	f. End Date (mm/dd/yyyy)			
g. Rate	h. Security Pledged	<u> </u>	Lionin	N/A			
d %	/		i. Original Loan Amount	j. Remaining Loan Balance			
k. Full Name of Lending I	N/A		\$ 8,00000	\$ 8,000.00			
1 4 /	· ·	-		l. Loan Number			
NJA				*			
3. Lender Informatio		d	Remove				
a. Full Name, Mailing Add		b. Job Ti	tle/Profession	d. Comments			
(include city, state, & zi	RAEN "BILL" BAGGS		ERK OF COURT ABARRUS COUNTY				
1639 017	CHARLOTTE POAD			e. Start Date (mm/dd/yyyy)			
Concord, N		c. napio	yer's Name/Specific Field	07/09/2010			
1			NC AOC	f. End Date (mm/dd/yyyy)			
g. Rate	-521-3987			N/A			
- 6	h. Security Pledged		i. Original Loan Amount	j. Remaining Loan Balance			
ti Birli Neme of Leading V	NA		\$ 2,00000	\$ 2,00000			
k. Full Name of Lending I	usinguon			l. Loan Number			
N/A							
4. Total only this Pag 5. Total of ALL CRO				\$ 12,000,00			
(This line must be on lin	\$ 12,000.00						
CRO-1430	The state of the s	-1100)		dayout.			

Outstanding	Loans
-------------	-------

2 Amendmen

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 BULL 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/yyvy 980-521-3987 g. Rate i. Original Loan Amount j. Remaining Loan Balance \$ 5,00000 5,000 00 k. Full Name of Lending Institution L Loan Number 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 03/08/2012 N.C. Acc. 980-521-3987 f. End Date (mm/dd/yvyv) h. Security Pledged i. Original Loan Amount MA 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 980-521-3981 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		ъ	2 3 of	2 Amendment
Use this form to report	any outstanding loans receive	d during	a previous reporting	g neriod and w	Yes No
1. Committee Full Na	3 Farrow with (1)	2. ID Number			
Committee to	ELECT BILL BAGGS CL	ERK OF	COURT		77.00
3. Lender Information	a 🔲 Ade			emove	
a. Full Name, Mailing Add		b. Job Ti	de/Profession		d. Comments
WILLIAM WAR	REN "BILL" BAGGS VARLOTTÉ ROJI	CL	ERK OF Cou BARRUS CO	RT	e. Start Date (mm/dd/yyyy)
CONCORD, NO	C 28027	e. Employ	yer's Name/Specific Fig	dd .	01/31/2018
980-521		•	NCAOC		f. End Date (mm/dd/yyyy)
, ,	2101			•	NIA
g. Rate	h. Security Pledged		i. Original Lean Amo	ant .	j. Remaining Loan Balance
4 %	NA		\$ 2,0000	6	\$ 2,00000
k. Full Name of Lending Is	stitution				1. Loan Number
NI	9				
3. Lender Information	- I.u. 710	d	Пв	lemove	
a. Full Name, Mailing Add		b. Job Ti	tle/Profession		d. Comments
(include city, state, & zip	))				
	8				e. Start Date (mm/dd/yyyy)
		c. Emplo	yer's Name/Specific Fi	eld	3333
					f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	<u> </u>	:011		
%			i. Original Loan Amo	west .	j. Remaining Loan Balance
k. Full Name of Lending Is	***		\$		\$
a. Fam remis of Existing H	SUMMON				1. Loan Number
-					
3. Lender Informatio		d	ПВ	Remove	
a. Full Name, Mailing Address & Phone b. Job Title/Profession					d. Comments
(include city, state, & zig	))				·
			٠,		
		c. Emplo	yer's Name/Specific Fi	elĝ	e. Start Date (mxa/dd/yyyy)
			-		1 .
	8				f. End Date (mm/dd/yyyy)
				5.	
g. Rate	h. Security Pledged		i. Original Loan Ame	ount	j. Remaining Loan Balance

k. Full Name of Lending Institution

5. Total of ALL CRO-1430 Pages

4. Total only this Page

L Loan Number

\$