

JAN 10 2023

Amendment
 Yes No

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.

RECEIVED

1. Committee Information				
a. Full Name			c. ID Number	
Committee to Elect Bill Bares CLERK OF COURT				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
3845 Bent Creek Dr SW Concord, NC 28027				
			e. Phone Number	
			980-521-3117	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2022	10/23/2022	12/31/2022	Wanda H. Arthur	
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		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"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
State Employees Credit Union				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
Campaign Receipts & Expenditures	1			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 1,400.36		\$	
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		01/10/2023
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	1-10-23	Employee:	TC	
Date Postmarked:		Employee:		
Date Scanned:		Employee:		
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.				

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 Brass Clerk of Court	Fourth Quarterly		
Start of Election Cycle:	January 1,	Total this Reporting Period	Total this Election Cycle
	<u>2022</u>		
4) Cash on Hand at Start		\$ 1,400.36	\$ 1,456.16
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$ 400. ⁰⁰
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$ 7,000. ⁰⁰
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$.11	\$ 27.22
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)		\$ 1,400.47	\$ 8083.38
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2.00	\$ 7484.91
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)		\$ 2. ⁰⁰	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,398.47	\$ 1398.47
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	\$
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 24,000. 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)	\$	\$

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 Bages Clerk of Court					
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)					
<input 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	
				\$ 27.22	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	DRAFT	INTEREST ON CHECKING	11/09/2022	\$.05	
1	DRAFT	INTEREST ON CHECKING	12/09/2022	\$.06	
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	
				\$	
				\$	
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				\$ 11	
6. Total of ALL CRO-1250 Pages				\$ 11	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>					
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>					
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

Disbursements

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

1. Committee Full Name (and Fund if applicable) 2. ID Number

Committee to Elect Bill Brass Clerk of Court

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove h. Coordinated Committee Name d. Comments

a. Full Name, Mailing Address & Phone (include city, state, & zip)

STATE EMPLOYEES CREDIT UNION
60 RAIFORD DR NW
CONCORD, NC 28027
704-788-3444

Level Registered (Specify)
 Federal County
 State Municipality

c. Election Sum to Date
\$ 144.00

7. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>1</u>	<u>DRAFT</u>	<u>0</u>	<u>11/09/2022</u>	<u>\$ 1.00</u>	<u>BANK FEE</u>
<u>1</u>	<u>DRAFT</u>	<u>0</u>	<u>12/09/2022</u>	<u>\$ 1.00</u>	<u>BANK FEE</u>

4. Payee Information Add Remove d. Comments

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Coordinated Committee Name

c. Level Registered (Specify)
 Federal County
 State Municipality

e. Election Sum to Date
\$

7. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				<u>\$</u>	
				<u>\$</u>	

4. Payee Information Add Remove d. Comments

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Coordinated Committee Name

c. Level Registered (Specify)
 Federal County
 State Municipality

e. Election Sum to Date
\$

7. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				<u>\$</u>	
				<u>\$</u>	

5. Total only this Page \$ 2.00

6. Total of ALL CRO-1310 Pages \$ 2.00

(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)

7. Purpose Codes (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 - Rentals	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

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

CRO-1310 NC State Board of Elections December 2009

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 980-521-3087	CLERK OF COURT CABARRUS COUNTY		
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
	NC AOC	11/13/2009	
g. Rate		f. End Date (mm/dd/yyyy)	
0 %		N/A	
h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	
N/A	\$ 2,000. ⁰⁰	\$ 2,000. 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 980-521-3087	CLERK OF COURT CABARRUS COUNTY		
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
	NC AOC	02/26/2010	
g. Rate		f. End Date (mm/dd/yyyy)	
0 %		N/A	
h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	
N/A	\$ 8,000. ⁰⁰	\$ 8,000. 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 980-521-3087	CLERK OF COURT CABARRUS COUNTY		
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
	NC AOC	07/09/2010	
g. Rate		f. End Date (mm/dd/yyyy)	
0 %		N/A	
h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	
N/A	\$ 2,000. ⁰⁰	\$ 2,000. ⁰⁰	
k. Full Name of Lending Institution		l. 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 CRO-1100)		\$ 24,000. ⁰⁰	

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 980-521-3087		CLERK OF COURT CABARRUS COUNTY	e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	09/19/2010	
		NC AOC	f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	
0 %	N/A	\$ 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 980-521-3087		CLERK OF COURT CABARRUS COUNTY	e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	03/08/2012	
		NC AOC	f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	
0 %	N/A	\$ 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 980-521-3087		CLERK OF COURT CABARRUS COUNTY	e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	01/09/2014	
		NC AOC	f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	
0 %	N/A	\$ 2,000 ⁰⁰	\$ 2,000 ⁰⁰	
k. Full Name of Lending Institution			l. Loan Number	
N/A				
4. Total only this Page			\$ 8,000 ⁰⁰	
5. Total of ALL CRO-1430 Pages			\$	
(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.

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 980-521-3087		CLERK OF COURT CABARRUS COUNTY	c. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	01/31/2018	
		NC AOC	f. End Date (mm/dd/yyyy)	
			N/A	
g. Rate	h. Security Fledged	i. Original Loan Amount	j. Remaining Loan Balance	
0%	N/A	\$ 2,000 ⁰⁰	\$ 2,000 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 980-521-3087		CLERK OF COURT CABARRUS COUNTY	c. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	12/06/2021	
		NC Admin Office of COURTS	f. End Date (mm/dd/yyyy)	
			N/A	
g. Rate	h. Security Fledged	i. Original Loan Amount	j. Remaining Loan Balance	
0%	N/A	\$ 2,000 ⁰⁰	\$ 2,000 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	
			c. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Fledged	i. Original Loan Amount	j. Remaining Loan Balance	
%		\$	\$	
k. Full Name of Lending Institution			l. Loan Number	
4. Total only this Page			\$ 4,000.00	
5. Total of ALL CRO-1430 Pages			\$	
(This line must be on line 21 of Detailed Summary Page CRO-1160)				