

# Statement of Organization – Candidate Committee

Is this statement:  
 New       Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee		d. ID Number	
Committee to Re-Elect Walt Eccard			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
2152 Arnold Palmer Drive Shallotte, NC 28470		7/9/2021	
c. Committee Website (Optional)		f. Phone Number	
		910-755-7582	
2. Candidate Information			
a. Full Name		c. Party Affiliation	
Walter Eccard		Nonpartisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
2152 Arnold Palmer Drive Shallotte, NC 28470		Mayor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-755-7582	wdeccard@gmail.com	2021	Shallotte
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Walter Eccard			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
2152 Arnold Palmer Drive Shallotte, NC 28470			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-755-7582	wdeccard@gmail.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		Self Funded	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
c. Phone Number	d. Email Address	c. Type	
		Self Funded	
<input type="checkbox"/> Email copy of report notices			



I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

<u>Walter Eccard</u> Printed Name of Treasurer	<u>Walter Eccard</u> Signature of Appointed Treasurer	<u>7/9/21</u> Date
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I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

<u>Walter Eccard</u> Printed Name of Candidate	<u>Walter Eccard</u> Signature of Candidate	<u>7/9/21</u> Date
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