

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 <i>Committee to Re-Elect Walter Eccard</i>			c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>2152 Arnold Palmera Drive Shallotte, N.C 28420</i>			d. Date Filed <i>9/25/25</i>	
			e. Phone Number <i>910-8800319</i>	
2. Report Year <i>2025</i>		3. Period Start Date (mm/dd/yy) <i>7/1/25</i>	4. Period End Date (mm/dd/yy) <i>9/30/25</i>	5. Treasurer Full Name <i>Walter Eccard</i>
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 checked="" 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"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input 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		
8. Number of Fundraisers this Report <i>0</i>		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name <i>Trust</i>		a. Financial Institution Full Name <i>Trust Bank</i>		
b. Purpose		b. Purpose <i>Campaign</i>		c. Account Code
		c. Account Code <i>Finance</i>		d. Period Begin Balance
c. Account Code <i>1</i>		d. Period Begin Balance <i>\$ 0</i>		d. Period Begin Balance <i>\$</i>
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.				
<i>Walter Eccard</i> Printed Name of Signer		<i>Walter Eccard</i> Signature of Appointed Treasurer		<i>9/25/25</i> Date
FOR OFFICE USE ONLY				
Date Received: <i>9/25/25</i>	Employee: <i>NP</i>	Delivery Method		
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed		
Date Scanned: <i>9/25/25</i>	Employee: <i>NP</i>	<input type="checkbox"/> Signer has not received mandatory training		
Date Data Entered: _____	Employee: _____			
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 Re-Elect Walt Egan		35 day			
Start of Election Cycle: January 1, 2022		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 100		\$ 100	
6) Contributions from Individuals (CRO-1210)		\$ 3,064.70		\$ 3,064.70	
7) Contributions from Political Party Committees (CRO-1220)		\$ -		\$ -	
8) Contributions from Other Political Committees (CRO-1230)		\$ -		\$ -	
9) Loan Proceeds (CRO-1410)		\$ -		\$ -	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ -		\$ -	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ -		\$ -	
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)		\$ 3,164.70		\$ 3,164.70	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 790.00		\$ 790.00	
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)		\$ 859.70		\$ 859.70	
17) In-Kind Contributions (CRO-1510)		\$ 864.70		\$ 864.70	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2,514.40		\$ 2,514.40	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 650.30		\$ 650.30	
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)		\$			
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)		\$		\$	

Aggregated Contributions from Individuals

Page 1 of 1

Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Re-Elect Walt Eppard					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input checked="" type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	check		09/08/2025	\$ 50
<input checked="" type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	check		09/09/2025	\$ 50
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
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<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 100.00
5. Total of ALL CRO-1205 Pages					\$ 100.00
(This line must be on line 5 of Detailed Summary Page CRO-1100)					

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Re-Elect Walt Eeard							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Walter Eeard 2152 Arnold Palmer Blvd Shelton, N.C. 28151				Mayor			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Town of Shelton		\$ 605.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Transfer		09/04/2025	\$ 600.00		
<input type="checkbox"/>		In Kind	Filing Fee	07/14/2025	\$ 5.00		
<input type="checkbox"/>		In Kind	Campaign Signs	09/12/2025	\$ 659.70		
3. Contributor 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	
Norman Shaker PO Box 6 New Vernon, New Jersey 07976				No Job Title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	check		09/08/2025	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor 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	
Neal Brown 1511 West Jersey Lane Pottomac, MD 20854				No Job Title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				not employed		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	check		09/08/2025	\$ 200		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,964.70	
5. Total of ALL CRO-1210 Pages						\$ 3,064.70	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Re-Elect Walter Eppard							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Richard Gross 7915 Acornwood Place Springfield, Va 22152				No Job Title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Not Employed		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	check		09/12/2025	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Judie Courtney 4929 Leclaire Ave. Apt 1303 St. Louis, Mo. 63108				No Job Title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Not Employed		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	check		9/12/25	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor 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	
Charles Rindler 70 Bayton Pt. Rd Westport, Ma 02790				No Job Title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Not Employed		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	check		9/12/25	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 400	
5. Total of ALL CRO-1210 Pages						\$ 3,064.70	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from Individuals

Pg 3 of 4 Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Re-Elect Walt Eppard							
3. Contributor 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	
Joseph Tullyman 3989 Marshfield Drive Southport, N.C. 28461				No Job Title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Not employed		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	check		9/12/25	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor 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	
Steve DeRose 502 Gold Terrace Jacksonville, Oregon 97530				No Job Title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Not employed		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	check		9/12/25	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor 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	
Lachlan Seward 5115 Bradford Dr. Annandale, Va 22008				No Job Title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Not employed		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	check		9/20/2025	\$ 100		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages						\$ 3,064.70	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

Pg 4 of 4 Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) <u>Committee to Re-Elect Walt Eccard</u>						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Ken Pappi 7206 Helton Pl Warrington Va. 20187</u>				b. Job Title/Profession <u>No Job Title</u>		d. Comments	
				c. Employer's Name/Specific Field <u>Not employed</u>		e. Election Sum to Date \$ <u>100</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<u>↓</u>	<u>check</u>		<u>09/22/2025</u>	\$ <u>100</u>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Walter Eccard 2152 Arnold Palmer Dr Shallotte, NC 28470</u>				b. Job Title/Profession <u>Mayor</u>		d. Comments	
				c. Employer's Name/Specific Field <u>Town of Shallotte</u>		e. Election Sum to Date \$ <u>605.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		<u>In Kind</u>	<u>Campaign supplies</u>	<u>09/13/2025</u>	\$ <u>200.00</u>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor 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. Employer's Name/Specific Field		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ <u>300.00</u>	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ <u>3,064.70</u>	

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) <i>Committee to Re-Elect West Icarus</i>						2. ID Number
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
<i>Brunswick Beacon 3674 Express Drive Shallotte, N.C. 28470</i>			c. Level Registered (Specify)		e. Election Sum to Date \$ <i>290.00</i>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<i>1</i>	<i>Check</i>	<i>0</i>	<i>9/23/2025</i>	<i>\$ 290.00</i>	<i>Print Media</i>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
<i>Ashley White 4645 Mintz St Shallotte, NC 28470</i>			c. Level Registered (Specify)		e. Election Sum to Date \$ <i>500.00</i>	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<i>1</i>	<i>Check</i>	<i>0</i>	<i>09/15/2025</i>	<i>\$ 500.00</i>	<i>Website Expense</i>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date \$	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ <i>790.00</i>	
6. Total of ALL CRO-1310 Pages					\$ <i>790.00</i>	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
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		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Refunds/Reimbursements From the Committee

Amendment		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable) ReElect Walter Eccard			2. ID Number		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
Walter Eccard 2152 Arnold Palmer Dr Shallotte, NC 28470		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		09/12/2025	
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 659.70	
		f. Purpose Code		j. Election Sum to Date	
		P		\$ 605.00	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
Mayor		Town of Shallotte		1	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
Check	Reimbursement for purchase of campaign signs			09/18/2025	\$ 659.70
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
Walter Eccard 2152 Arnold Palmer Dr Shallotte, NC 28470		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		09/13/2025	
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 200.00	
		f. Purpose Code		j. Election Sum to Date	
		P		\$ 605.00	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
Mayor		Town of Shallotte		1	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
Check	Reimbursement for purchase of campaign supplies			09/18/2025	\$ 200.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
		f. Purpose Code		j. Election Sum to Date	
				\$	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
					\$
4. Total only this Page					\$ 859.70
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)					\$ 859.70
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* Other			
* Codes require detailed explanation in required remarks field (m)					

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Re-Elect Walter Eccard			
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Walter Eccard 2152 Arnold Palmer Dr Shallotte, NC 28470		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 605.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Filing Fee		07/14/2025	\$ 5.00
Campaign Signs		09/12/2025	\$ 659.70
Campaign Supplies		09/13/2025	\$ 200.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 864.70	
5. Total of ALL CRO-1510 Pages		\$ 864.70	
<i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			