

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> 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	
Re-Elect Walter Eccard			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
2152 Arnold Palmer Dr, Shallotte, NC 28470		07/14/2025	
c. Committee Website (Optional)		f. Phone Number	
		910-880-0319	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Walter Eccard		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
2152 Arnold Palmer Dr, Shallotte, NC 28470		Mayor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-880-0319	wdeccard@gmail.com	2025	Shallotte
<input 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 Dr, Shallotte, NC 28470			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-880-0319	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 <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
		Truist	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		1	Checking
<input type="checkbox"/> Email copy of report notices			
<p>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.</p>			
Walter Eccard _____ Printed Name of Treasurer		<i>Walter Eccard</i> _____ Signature of Appointed Treasurer	
		09/25/2025 _____ Date	
<p>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.</p>			
Walter Eccard _____ Printed Name of Candidate		<i>Walter Eccard</i> _____ Signature of Candidate	
		09/25/2025 _____ Date	