

Disclosure Report Cover

REC'D JUN 29 2010

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 Bill Eckler Campaign		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 1696 Clark Road Rutherfordton, NC 28139		d. Date Filed 6-30-2010	
		e. Phone Number 828-287-8724	
2. Report Year 2010	3. Period Start Date (mm/dd/yy) 04/18/2010	4. Period End Date (mm/dd/yy) 06/30/2010	5. Treasurer Full Name George Earl Padgett
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"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		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"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> First <input checked="" 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 One		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name Wachovia-Rutherfordton		a. Financial Institution Full Name N/A	
b. Purpose Campaign	c. Account Code 001	b. Purpose N/A	c. Account Code N/A
	d. Period Begin Balance \$ 1391.33		d. Period Begin Balance \$ N/A
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.			
George Earl Padgett Printed Name of Signer		George Earl Padgett Signature of Appointed Treasurer	6-30-2010 Date
FOR OFFICE USE ONLY			
Date Received: 6-29-10	Employee: [Signature]	Delivery Method	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail	
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail	
Date Data Entered: _____	Employee: _____	<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
Bill Ecker Campaign		
Start of Election Cycle: January 1, 2010	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 1391.33	\$
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 180.00	\$
6) Contributions from Individuals (CRO-1210)	\$ 120.00	\$
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)	\$ 300.00	\$
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 111.96	\$
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)	\$ 120.00	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1459.37	\$
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	\$
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 564.03	\$
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)	\$	\$

Contributions from Individuals

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 Name
 Bill Eckler Campaign

2. Donor Information

a. Full Name, Mailing Address & Phone (include city, state, & zip) Stephen Ruppe 1086 Camp Creek Rd. Union Mills, NC 28167	b. Job Title/Profession Retired	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"/>			Food for fundraiser	06/24/2010	\$ 120.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Donor Information

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. Donor Information

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"/>					\$

5. Totals

Total for this Period	\$
Total for CRO 1205 Period	\$ 120.00

Disbursements

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

Committee (Candidate and Fund if applicable): <u>Bill Eckler Campaign</u>						ID Number:																					
Type of Disbursement: <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td colspan="2">b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2" rowspan="2"> <u>Inovative Concepts</u> <u>226 Smith Grove Rd.</u> <u>Forest City, NC 28043</u> <u>828-248-1868</u> </td> <td colspan="2">c. Level Registered (Specify)</td> <td colspan="2" rowspan="2">e. Election Sum to Date</td> </tr> <tr> <td><input type="checkbox"/> Federal</td> <td><input checked="" type="checkbox"/> County:</td> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">\$ <u>214.86</u></td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments		<u>Inovative Concepts</u> <u>226 Smith Grove Rd.</u> <u>Forest City, NC 28043</u> <u>828-248-1868</u>		c. Level Registered (Specify)		e. Election Sum to Date		<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:					\$ <u>214.86</u>	
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		<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> County:			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:																				
				\$ <u>214.86</u>																							
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																						
<u>001</u>	<u>check</u>	<u>B</u>	<u>04/29/2010</u>	<u>\$ 30⁷²</u>	<u>Cards</u>																						
<u>001</u>	<u>check</u>	<u>B</u>	<u>06/26/2010</u>	<u>\$ 81²⁵</u>	<u>Cards</u>																						
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a. Full Name, Mailing Address & Phone (include city, state, & zip)		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:																				
				\$																							
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a. Full Name, Mailing Address & Phone (include city, state, & zip)		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																						
				\$																							
				\$																							
Total: <u>111.96</u> (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ <u>111.96</u>																						
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 O* - Other																											

In-Kind Contributions

Amendment

Pg 1 of 1 Yes No

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	
Bill Eckler Campaign			
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	c. Comments
Stephan Ruppe 1086 Camp Creek Rd. Union Mills, NC 28167 828-286-7692		<input checked="" 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	
			d. Election Sum to Date \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Fundraiser expenses <i>Food</i>		06/26/2010	\$ 120.00
			\$
			\$
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	c. Comments
		<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	
			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	c. Comments
		<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	
			d. Election Sum to Date \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 120.00	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 120.00	

Outstanding Loans

Amendment Pg 1 of 1 Yes No

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	
Bill Eckler Campaign			
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 E. Eckler, Jr. 1696 Clark Road Rutherfordton, NC 28139 828-287-8724		Farmer	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Self	04-18-2010
			f. End Date (mm/dd/yyyy)
			06-30-2010
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	—	\$ 564 ⁰³	\$ 564 ⁰³
k. Full Name of Lending Institution		l. Loan Number	
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. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution		l. Loan Number	
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. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 564 ⁰³	
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)		\$ 564 ⁰³	