

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>BRUCE ECKARD FOR CONOVER CITY COUNCIL</i>	c. ID Number <i>6DU735</i>
b. Mailing Address (include City, State and Zip Code) <i>PO BOX 883 CONOVER, NC 28613</i>	d. Date Filed <i>10/27/11</i>
	e. Phone Number <i>828-466-2411</i>

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
<i>2011</i>	<i>9/28/11</i>	<i>10/24/11</i>	<i>BRUCE R. ECKARD</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"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<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 <i>PEOPLES BANK</i>		a. Financial Institution Full Name	
b. Purpose <i>CAMPAIGN FUNDS</i>	c. Account Code <i>BIRE</i>	b. Purpose	c. Account Code
	d. Period Begin Balance <i>\$ 322.41</i>		d. Period Begin Balance

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.

BRUCE R. ECKARD *[Signature]* *10/28/11*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received:	Employee:	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:	Employee:	
Date Scanned:	Employee:	
Date Data Entered:	Employee:	

RECEIVED

OCT 28 2011

By _____

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	
Bruce Eckard for Conover City Council		Pre-Election		6DU735	
Start of Election Cycle: January 1, <u>2011</u>			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 322.41		\$
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$ 70.00	\$ 170.00	
6) Contributions from Individuals		(CRO-1210)	\$ 650.00	\$ 1,650.00	
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)	\$	\$	
11 e) Exempt Purchase Price Sales		(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$ 720.00	\$ 1,820.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$ 671.88	\$ 1,449.47	
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)			\$ 671.88	\$ 1,449.47	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 370.53	\$ 370.53	
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-2200)	\$	\$	
28) Contributions to be Refunded		(CRO-1215)	\$	\$	

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	
BILUCE ECKHAZD FOR CONOVER CITY COUNCIL					6DU 735	
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	
BILUCE ECKHAZD 704 6TH AVE NE CONOVER, NC 28613			SALES			
			c. Employer's Name/Specific Field			
			VENDOMATIC		e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	BNE	CHECK		10/13/2011		\$ 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	
STUART TERRY 3683 ROCK BUDGE DR NE CONOVER, NC 28613			OWNER			
			c. Employer's Name/Specific Field			
			DANN FUNERAL HOME		e. Election Sum to Date	
					\$ 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"/>	BNE	CHECK		10/13/2011		\$ 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	
DEAN PROCTOR 605 END AVE NW HICKORY, NC 28601			PRES.			
			c. Employer's Name/Specific Field			
			UNITED BEVERAGE		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	BNE	CHECK		10/13/11		\$ 250.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 550.00	
5. Total of ALL CRO-1210 Pages					<input type="checkbox"/> 650.00	
<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	
BRUCE ECKARD FOR CONOVER CITY COUNCIL					6DU735	
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	
GREG TERRY 207 9TH ST NE CONOVER, NC 28613			PRES			
			c. Employer's Name/Specific Field			
			DANIEL FUNERAL HOME		e. Election Sum to Date	
					\$ 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"/>	BUE	CHECK		10/17/11	\$ 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	
			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"/>					\$	
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					\$ 100.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					<input type="checkbox"/> 650.00	

Disbursements

Pg 1 of 1

Amendment

Yes

No

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) <u>BRUCE EKARTO FOR CONOVER CITY COUNCIL</u>					2. ID Number <u>6DU735</u>
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<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 (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
<u>CATAWBA COUNTY BOARD OF ELECTIONS NEWTON, NC 28658</u>		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:			
				\$ <u>61.00</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>BZE</u>	<u>CHECK</u>	<u>K</u>	<u>10/6/11</u>	\$ <u>36.00</u>	<u>LABELS</u>
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
<u>POSTMASTER CONOVER, NC 28613</u>		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:			
				\$ <u>290.00</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>BAE</u>	<u>CHECK</u>	<u>I</u>	<u>10/19/11</u>	\$ <u>290.00</u>	<u>POSTAGE</u>
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
<u>EXECUTIVE DATA CONOVER, NC 28613</u>		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:			
				\$ <u>345.88</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>BAE</u>	<u>CHECK</u>	<u>B</u>	<u>10/21/11</u>	\$ <u>345.88</u>	<u>POSTCARD PRINTING</u>
				\$	
5. Total only this Page					\$ <u>671.88</u>
6. Total of ALL CRO-1310 Pages (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)					\$ <u>671.88</u>
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					