

# Statement of Organization - Candidate Committee

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

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

Amendment

☐ Yes

☒ No

## 1. Committee Information

a. Full Name

Carmen Eckard for Hickory City Council

c. ID Number

b. Mailing Address (include City, State and Zip Code)

619 2nd St NE  
Hickory, NC 28601

d. Date Organized

7/22/2019

e. Phone Number

828-475-1323

## 2. Candidate Information



Candidate's Primary Committee

a. Full Name

Carmen Nichole Eckard

c. Candidate ID Number

f. Party Affiliation

(Indicate Non-partisan if applicable)

b. Mailing Address (include City, State, and Zip Code)

619 2nd St NE  
Hickory, NC 28601

g. Office Sought

Alderman

c. Phone Number

828-475-1323

d. Email Address

carmeneckard@gmail.com

h. Next Election Year

2019

i. Jurisdiction

Hickory, Ward 1

☒ Email copy of notices

## 3. Treasurer Information

a. Full Name

Monica Parache

## 4. Custodian of Books Information

a. Full Name

N/A

b. Mailing Address (include City, State, and Zip Code)

2353 13th St Dr NE  
Hickory, NC 28601

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

828-238-6413

d. Email Address

mlparache@gmail.com

c. Phone Number

d. Email Address

I prefer to receive notices by email ☒ Yes ☐ No

☐ Email copy of notices

## 5. Assistant Treasurer Information

☐ Add

☐ Remove

a. Full Name

N/A

## 6. Account Information (incl. CRO-3500)

☒ Add

☐ Remove

a. Financial Institution Full Name

BB&T

b. Mailing Address (include City, State, and Zip Code)

b. Purpose

Campaign

c. Phone Number

d. Email Address

c. Account Code

d. Type

ECK

Checking

☐ Email copy of notices

## 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.

Carmen Eckard

Printed Name of Signer

Carmen Eckard

Signature of Appointed Treasurer

7-22-19

Date



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is

**This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.**

#### FILED BY:

Candidate Name: Carmen Nichole Eckard

Treasurer Name: Monica Parache

Treasurer Address: 2353 13th St Dr NE

(include city, state, & zip) Hickory, NC 28601

Treasurer Phone: 828-238-6413

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7-22-19

Date Signed

Carmen Eckard

Signature



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

**This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.**

Candidate Name: Carmen Nichole Eckard  
Committee Name: Carmen Eckard for Hickory City Council  
Treasurer Name: Monica Parache  
If Candidate is own treasurer, designate an agent to carry out designation: N/A  
Committee ID#: \_\_\_\_\_  
Level Registered: [State] [County] If county, specify: Catawba

I, Carmen Nichole Eckard hereby direct that in the event of my death or incapacity all  
(Name of Candidate)  
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Henry River Preservation Fund</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate:   
Date: 7-22-19