Disclosure Report Cover										
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 Informat	T									
Carmen Eckard for Hich	c. ID Number									
b. Mailing Address (include	d. Date Filed									
619 2 nd St NE	8/30/2019									
Hickory, NC 28601	e. Phone Number									
					828.475.1323					
2. Report Year 3. J	Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full	Name					
2019	7/27/2019	8/2	7/2019	Monica Parache						
6. Type of Committee (Check One)	9. Type of Repor	t (check on	ly one type of report j	from one category)					
Candidate Campaign	Party	Municipal	State/C		Referendum					
PAC	Referendum	Organizationa	ı 🗌 (Organizational	Organizational					
Independent Expenditure Legal Expense Fund	Joint Fundraiser	Thirty-five da	у (Quarterly	Pre-referendum					
	applicable, check one)	Pre-primary		First	Final					
"Booster Fund"		Pre-election		Second	Supplemental Final					
Building Fund		Pre-runoff		Third	Annual					
		Semi-annual		Fourth	Special Special					
		Mid Yea	il	Semi-annual						
Other:		Year En	·	Mid Year	10. Special Report Name					
8. Number of Fundrais	ers this Report	Final Special		Year End Final						
0.114111001 01 1 41141413	is this Report	Special		Special						
11. Account Information	n		11. Account I	<u> </u>						
a. Financial Institution Full N				itution Full Name						
BB&T										
b. Purpose	c. Account Code		b. Purpose		c. Account Code					
Cam Funds	EC	K								
	d. Period Begin Balanc	e			d. Period Begin Balance					
	\$ 1110.00				\$					
CENTELCATION										
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. Monica Parache Printed Name of Signer Signature of Appointed Treasurer Date										
FOR OFFICE USE ONLY	FOR OFFICE USE ONLY									
Date Received: Employee: Delivery Method Normal Mail										
4011	EMFIWE	Employee:		Ī						
Date Postmarked:	AUG 30 2020	Employee:			Registered Mail Hand Delivered					
Date Scanned:	AUG 30 2019				Registered Mail Hand Delivered Electronically Filed Signer has not received					
#	AUG 30 2019	Employee:			Registered Mail Hand Delivered Electronically Filed					
Date Scanned: Date Data Entered	m cannot be used to am	Employee: Employee: Employee:		the committee address	Registered Mail Hand Delivered Electronically Filed Signer has not received					

CRO-1000

Amendment

ary information.			
orı	2 YD N		
	3. ID Number		
Total this Reporting Period	Total this d Election Cycle		
\$ 1110.00	\$ 0		
95) \$	\$		
(0) \$ 455.00	\$ 2162.08		
20) \$	\$		
80) \$	\$		
<i>o</i>) \$	\$		
(0) \$	\$		
0) \$	\$		
<i>o</i>) \$	\$		
<i>o</i>) \$	\$		
<i>o</i>) \$	\$		
5) \$	\$		
\$ 455.00	\$ 2162.08		
9) \$ 460.24	\$ 460.24		
9) \$	\$		
9) \$	\$		
5) \$	\$		
9) \$	\$		
	\$		
	\$ 682.08		
	\$ 1142.32		
	\$ 1019.76		
	\$ 85.00		

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)	\$

		m Individuals		Pg	g <u>1</u> of	f2	Amendmen Yes	
Use this	form to report inc	dividual contributions (and Fund if applications)	over \$5	0 or contributions und	der \$50 if form CI			
	Eckard for Hickor		ablej			2. ID Nu	mber	
				🗖 -				
	ributor Informati				emove			
	ime, Mailing Address e city, state, & zip)	& Phone		b. Job Title/Profession	Ω	d. Commer	nts	
Dan You				Truck Driver				
	dependence Square	P		c. Employer's Name/S	in- Field	-		
Kannapolis, NC 28081				Metrolina Greenho				
•	,			Wiener Charles Creeking	buse Co.	e. Election	Sum to Date	
				\$ 200.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	ECK	Paypal			7/27/20	019	\$	200.00
							\$	
							\$	
	ibutor Information				emove			
	me, Mailing Address	& Phone		b. Job Title/Profession	1	d. Commen	its	
James Ba	city, state, & zip)			Politician				
PO Box 1				77 1 1. NI /61		-		
	Hill, NC 27516			c. Employer's Name/Sp	pecific Field	-		
Chaperin	.III, 110 27510			Running for State Superintendent		THE CO. CO. L. T. L.		
				Supermiencem		e. Election 8	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	/yyyy) k. Amount		
	ECK	Paypal			8/8/20	2019 \$		50.00
							\$	
			<u> </u>	_	l .		\$	
	ibutor Informatio				move			
	ne, Mailing Address &	& Phone	9	b. Job Title/Profession		d. Comment	ts	
Ron Down	city, state, & zip)			Managing Partner				
PO Box 1			4	c. Employer's Name/Spe	iCa Finla	-		
	NC 28603		1	The Downs Group,		1		
- -				The Downs Group,	LLC	e. Election Sum to Date		
						\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	ind Description	j. Date (mm/dd/yyy	vv)	k. Amount	
	ECK	Paypal			8/12/20			100.00
							\$	
							\$	
4. Total	only this Page	9				\$	Ψ	350.00
	of ALL CRO-							330.00
		Detailed Summan Page Ci	DO 1100			\$		455.00

		m Individuals lividual contributions	Oron C4	5 0 on a section	P ₁	g <u>2</u> 0	f <u>2</u>	Amendmen Yes	_	
1. Com	mittee Full Name	(and Fund if application	able)	or contr	ibutions un	der \$50 if form C	2. ID Nu			
	Eckard for Hickon						2. 10 140	mber		
	ributor Informati		Add	Add Remove						
	a. Full Name, Mailing Address & Phone			b. Job T	itle/Profession		d. Comme	nts		
(include Robert M	e city, state, & zip)			Transp	ortation Ar	nalyst				
	eld Place			a Emplo	zrowla Niews - 16	1	-			
	epsie, NY 12601				yer's Name/S ork Metrop					
				T .	ortation Co		e. Election Sum to Date			
							\$	20.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Descri	ption	j. Date (mm/dd/y	ууу)	k. Amount		
	ECK	Paypal				8/21/2	019	\$	20.00	
								\$		
								\$		
	ibutor Informatio			Add	Re	move				
	ne, Mailing Address &	& Phone			tle/Profession		d. Commen	its		
Carmen I	city, state, & zip)			Owner						
619 2 nd S				c. Employ	er's Name/S _l	necific Field				
Hickory,	NC 28601			Foothills Digest						
							e. Election Sum to Date			
							\$	682.05		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	⊥ Kind Descrip	tion	j. Date (mm/dd/yy	/vv)	k. Amount		
		In Kind	Stak	es for Sign	l	8/14/20	2019 \$		85.00	
								\$		
								\$		
	butor Informatio			Add	Ren	nove				
	e, Mailing Address & city, state, & zip)	2 Phone		b. Job Title/Profession			d. Comments			
(include)	rity, state, & zip)									
				c. Employe	er's Name/Sp	ecific Field				
							e. Election S	um to Date		
							\$			
Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descript	ion	j. Date (mm/dd/yy	yy)	k. Amount		
								\$		
								\$		

4. Total only this Page

5. Total of ALL CRO-1210 Pages

105.00

455.00

\$

\$

\$

Disbursements

Amendment

 \boxtimes No

Disbursements

Pg $\underline{1}$ of $\underline{1}$ Ye

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

Carmen Ficker	Full Name (and Furd for Hickory City (nd if applicable)			2. ID Number		
3. Type of Disl							
Operating		Contributions to	CRO-1310 forms for ear	ch type of Disburs	sement.)		
4. Payee Infor		Contributions to C	Candidates/Political Committee		Coordinated Party Expenditures		
	iling Address & Phone		Add [Remove			
(include city, state			b. Coordinated Committee	ce Name	d. Comments		
Office Depot	, & zipj						
1858 Catawba	Valley Blyd		Y 170 1 1 10				
Hickory, NC 2			c. Level Registered (Speci	_			
THOROTY, TVC Z	0002		Federal [County:			
			State	Municipality:	e. Election Sum to Date		
			i i		\$ 450.29		
f. Account Code	g. Form of Payment	h. Purpose Code	: D-4- (- (31)				
			i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
ECK	Debit Card	В	8/2/2019	\$235.25	Cam Brochures		
ECK	Debit Card	В	8/6/2019	\$215.04	Cam Brochures		
4. Payee Inform	nation		Add	7 7			
	ing Address & Phone			Remove			
include city, state,			b. Coordinated Committee	e INAME	d. Comments		
Cedar Lake Ver			-				
2500 Shadywoo			a Loyal Desisters J. Co., 16	P.\			
Excelsior, MN			Federal Federal	c. Level Registered (Specify)			
,,,,	70001			County:			
			State	Municipality:	e. Election Sum to Date		
				\$ 9.95			
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	le Description 1		
CCK Pavpal A					k. Required Remarks File conversion		
ECK	Paypal	Α	8/3/2019	\$9.95	for website		
					ioi website		
				\$			
. Payee Inform			Add	Remove			
	ng Address & Phone		b. Coordinated Committee	Name	d. Comments		
nclude city, state,	& zip)						
			c. Level Registered (Specify	<i>i</i>)			
			Federal	County:			
			State	Municipality:	e. Election Sum to Date		
					\$		
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				•			
				\$	1		
				\$			
Total s-1-41	n ®						
Total only this					\$ 460.24		
This line acces	CRO-1310 Pages						
(- 1110 une gues in li (This line aces in 1	ine 13a of Detailed Sumi	nary Page CRO-1100	if Operating Expenses)		\$ 460.24		
(This line goes in 1	ne 130 of Detailed Sum ine 13c of Detailed Sum	nary Page CRO-1100	if Contrib to Candidates/Polit	ical Comm)	Ψ 400.24		
Purnosa Cada	a diet detailed summ	nury ruge CKU-1100	if Coordinated Party Expendi	tures)			
* - Media	S (List detailed expo						
- Salaries	F* - Equipment	C* - Fundi G - Politica	raising	D - To Anoth	ner Candidate		
 Postage 	J - Penalties	K* - Office	u i dity Evnenses	H* - Holding	Public Office Expenses		
- Other				Q~ - Donatio	on to Legal Expense Fund		
Codes require	detailed explanatio	n in required re	marks field (k)				
			()				

In-Kind Contributions P_{g} $\frac{1}{1}$ of $\frac{Amendment}{1}$ Y_{es}

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 appli	cable)					2. II	Number
Carmen Eckard for Hickory City Cou	ncil							
3. Contributor Information		\dd	П	Remove				
a. Full Name, Mailing Address & Phone					_	Contributor	c. Co	mments
(include city, state, & zip)						vidual		
Carmen Eckard 619 2 nd St NE Hickory, NC 28601					Part PAC Refe	-	d. Ele	ection Sum to Date 682.05
e. Description						f. Date (mm/dd/yy	vv)	g. Fair Market Amount
In Kind - Stakes for Campaign Signs						8/14/2019		\$ 85.00
								\$
								\$
3. Contributor Information		dd	☐ R	lemove				
a. Full Name, Mailing Address & Phone				b. Type	of C	Contributor	c. Cor	mments
(include city, state, & zip)					Cane Party PAC Refe		d. Ele	ction Sum to Date
e. Description						f. Date (mm/dd/yy)	(vv)	g. Fair Market Amount
o Description						In Date (mind day)	77)	
								\$
				_				\$
								\$
3. Contributor Information	<u></u>	.dd	<u> </u>	emove				
a. Full Name, Mailing Address & Phone			-	b. Type		Contributor	c. Con	nments
(include city, state, & zip)					Cano Party PAC			
				님		rendum	d. Elec	ction Sum to Date
					Othe	r Receipt Source	\$	
e. Description						f. Date (mm/dd/yyy	/y)	g. Fair Market Amount
								\$
								\$
								\$
4. Total only this Page							\$	85.00
5. Total of ALL CRO-1510 Pages							\$	85.00
(This line must be on line 17 of Detailed Sum	ımary Pag	e CRO-1100)					ф	65.00

No