

RECEIVED

Amendment
 Yes

No

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 Information		c. ID Number
a. Full Name Bill Eckler Campaign		QJL6816
b. Mailing Address (include City, State and Zip Code) 1696 Clark Road Rutherfordton, NC 28139		d. Date Filed 2-16-2010
		e. Phone Number 828-287-8724

2. Report Year 2010	3. Period Start Date (mm/dd/yy) 02/08/10	4. Period End Date (mm/dd/yy) 2-16-10	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	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund				
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	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 None		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 \$ 200.00		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

2-16-10
Date

FOR OFFICE USE ONLY

Date Received: 2-16-10 Employee: DL

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

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.

RECEIVED

Detailed Summary

FEB 16 2010

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
Start of Election Cycle: January 1, 2010
4) Cash on Hand at Start \$ 0
RECEIPTS
5) Aggregated Contributions from Individuals (CRO-1205) \$
6) Contributions from Individuals (CRO-1210) \$
7) Contributions from Political Party Committees (CRO-1220) \$
8) Contributions from Other Political Committees (CRO-1230) \$
9) Loan Proceeds (CRO-1410) \$ 264.03 \$ 264.03
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) \$ 264.03 \$ 264.03
EXPENDITURES
13) Disbursements
13a) Operating Expenditures (CRO-1310) \$ 64.03 \$ 64.03
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) \$ 64.03 \$ 64.03
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 200.00 \$ 200.00
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-2220) \$
28) Contributions to be Refunded (CRO-1215) \$

Loan Proceeds

RECEIVED

Pg 1 of 1

Amendment
 Yes No

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

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 Rd. Rutherfordton, NC 28139		Farmer	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Self	2-8-10
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
0 %	—	001	Cash & check
k. Amount			\$264 ⁰³
l. Full Name of Lending Institution			m. Loan Number
4. Endorser's Details (The people who guaranteed the loan)			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)			\$ 264 ⁰³

RECEIVED

FEB 16 2010

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

- Name of committee to receive loan:
Bill Eckler Campaign
- Person lending money to committee (Lender):
William E. Eckler
- Date of loan to committee: 2-12-2010
- Name of lending institution and account number (source):
Personal loan
- Amount of loan: 200⁰⁰ + 64⁰³ = 264⁰³
- Names of all parties responsible for payment of loan (guarantors):
Bill Eckler
- Period of loan: 12 months
- Rate of interest of loan: 0%
- Security pledged for loan: _____

I, _____, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

William E. Eckler
Signature of Lender

George Earl Padgett
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

RECEIVED

Amendment
 Yes No

Disbursements

FEB 10 2010 Pg 1 of 1

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) <i>Bill Eckler Campaign</i>						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Board of Elections</i>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ <i>6403</i>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<i>check</i>	<i>Filing Fee</i>	<i>2-8-10</i>	<i>\$ 6403</i>			
	<i>cash</i>		<i>2-12-10</i>	<i>\$ 200.00</i>			
Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>J</i>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
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	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ <i>6403</i>	
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)						\$ <i>6403</i>	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
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		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							