Statement of Organization – Candidate Committee

Is this statement: ☐ New ☐ Amended

Use this form to create a new or update an existing candidate committee.
This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information

a. Name of Committee	d. ID Number
Committee to Elect Dr. Erik E. Tammaru	
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
1143 Spring Glen Ct Leland, NC 28451	4/25/2023
c. Committee Website (Optional)	**f. Phone Number** EET
	910-756-1024

2. Candidate Information

a. Full Name		e. Party Affiliation	
Erik Evald Tammaru		REP	
b. Mailing Address (include City, State, and Zip Code)		**f. Office Sought**	
1143 Spring Glen Ct Leland, NC 28451		County Commissioner	
c. Phone Number	**d. Email Address**	**g. Next Election Year**	**h. Jurisdiction**
301-787-9301	eet59@protonmail.com	2024	District 5
☒ Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		**a. Full Name**	
William Hall			
b. Mailing Address (include City, State, and Zip Code)		**b. Mailing Address (include City, State, and Zip Code)**	
1103 May Ct Leland, NC 28451			
c. Phone Number	**d. Email Address**	**c. Phone Number**	**d. Email Address**
910-386-6968	cleandoct@gmail.com		
Send report notices by email ☒ Yes ☐ No		☐ Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)		6. Account Information *(incl. CRO-3500)*	
a. Full Name		**a. Financial Institution Full Name**	
		Corning Credit Union	
b. Mailing Address (include City, State and Zip Code)			
c. Phone Number	**d. Email Address**	**b. Account Code**	**c. Type**
		1103	Checking
☐ Email copy of report notices			

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MAY 04 2023
BRUNSWICK COUNTY
BOARD OF ELECTIONS

I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

WILLIAM E. HALL	William E Hall	4-28-23
Printed Name of Treasurer	Signature of Appointed Treasurer	Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

Erik E. Tammaru	Erik E. Tam	4/28/2023
Printed Name of Candidate	Signature of Candidate	Date