

Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> 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		04/25/2023	
c. Committee Website (Optional)		f. Phone Number	
		910-756-1024	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
DR. ERIK E. TAMMARU		REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1143 SPRING GLEN CT. LELAND, NC 28451		COUNTY COMMISSIONER, DIST 5	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-756-1024	EET59@PROTONMAIL.COM	2024	BRUNSWICK COUNTY
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
WILLIAM E. HALL			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
1103 MAY COURT 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3100)	
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
		1143	CHECKING
<input type="checkbox"/> Email copy of report notices			
<p>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.</p> <p> WILLIAM E. HALL <i>William E. Hall</i> 12/15/2023 </p> <p style="text-align: center;"> Printed Name of Treasurer Signature of Appointed Treasurer Date </p> <p>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.</p> <p style="text-align: center;"> Printed Name of Candidate Signature of Candidate Date </p>			

CRO-2100A

NC State Board of Elections

RECEIVED

DEC 15 2023

November 2019

**BRUNSWICK COUNTY
BOARD OF ELECTIONS**