

# Disclosure Report Cover

|                                                                     |
|---------------------------------------------------------------------|
| Amendment                                                           |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                              |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| a. Full Name                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                          | c. ID Number                                                                                                                                                                 |                          |
| Committee to Elect Dr. Erik E. Tammara                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                              |                          |
| b. Mailing Address (include City, State and Zip Code)                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                          | d. Date Filed                                                                                                                                                                |                          |
| 1143 Spring Glen Ct.<br>Leland, NC 28451                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                          | 3-28-24                                                                                                                                                                      |                          |
|                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                          | e. Phone Number                                                                                                                                                              |                          |
|                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                          | 910-386-6968                                                                                                                                                                 |                          |
| 2. Report Year                                                                                                                                                                                                                                                                                                                                                                | 3. Period Start Date (mm/dd/yy)     | 4. Period End Date (mm/dd/yy)                                                                                                                                                                                                                                                                                                                                                                                            | 5. Treasurer Full Name                                                                                                                                                       |                          |
| 2024                                                                                                                                                                                                                                                                                                                                                                          | 1/1/2024                            | 2/17/2024                                                                                                                                                                                                                                                                                                                                                                                                                | William E. Hall                                                                                                                                                              |                          |
| 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<br><input type="checkbox"/> PAC <input type="checkbox"/> Referendum<br><input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser<br><input type="checkbox"/> Legal Expense Fund                                                                        |                                     | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special  |                                                                                                                                                                              |                          |
|                                                                                                                                                                                                                                                                                                                                                                               |                                     | <b>State/County</b><br><input type="checkbox"/> Organizational<br>Quarterly<br><input checked="" type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |                                                                                                                                                                              |                          |
| <b>7. Type of Fund (if applicable, check one)</b><br><input type="checkbox"/> Booster Fund<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other:                                                                                                                                                                                                       |                                     | <b>10. Special Report Name</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                              |                          |
| 8. Number of Fundraisers this Report                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                              |                          |
| 0                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                              |                          |
| 11. Account Information                                                                                                                                                                                                                                                                                                                                                       |                                     | 11. Account Information                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                              |                          |
| a. Financial Institution Full Name                                                                                                                                                                                                                                                                                                                                            |                                     | a. Financial Institution Full Name                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                          |
| Corning Credit Union                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                              |                          |
| b. Purpose                                                                                                                                                                                                                                                                                                                                                                    | c. Account Code                     | b. Purpose                                                                                                                                                                                                                                                                                                                                                                                                               | c. Account Code                                                                                                                                                              |                          |
| DONATIONS AND EXPENSES                                                                                                                                                                                                                                                                                                                                                        | 1143                                |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                              |                          |
|                                                                                                                                                                                                                                                                                                                                                                               | d. Period Begin Balance             |                                                                                                                                                                                                                                                                                                                                                                                                                          | d. Period Begin Balance                                                                                                                                                      |                          |
|                                                                                                                                                                                                                                                                                                                                                                               | \$ 1195.82                          |                                                                                                                                                                                                                                                                                                                                                                                                                          | \$                                                                                                                                                                           |                          |
| 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. |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                              |                          |
| _____<br>William E. Hall<br>Printed Name of Signer                                                                                                                                                                                                                                                                                                                            |                                     | _____<br>William E. Hall<br>Signature of Appointed Treasurer                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                              | _____<br>3-28-24<br>Date |
| FOR OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                              |                          |
| Date Received:                                                                                                                                                                                                                                                                                                                                                                | RECEIVED                            | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                | Delivery Method                                                                                                                                                              |                          |
| Date Postmarked:                                                                                                                                                                                                                                                                                                                                                              | MAR 28 2024                         | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed |                          |
| Date Scanned:                                                                                                                                                                                                                                                                                                                                                                 | BRUNSWICK COUNTY BOARD OF ELECTIONS | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Signer has not received mandatory training                                                                                                          |                          |
| Date Data Entered:                                                                                                                                                                                                                                                                                                                                                            |                                     | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                              |                          |
| <b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.<br>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                              |                          |

# Detailed Summary

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                |                           |
|------------------------------------------------------------------------------|--------------------|-----------------------------|---------------------------|
| Committee to Elect Dr. Erik Tammare                                          | 2024 First Quarter |                             |                           |
| Start of Election Cycle: January 1, <u>2023</u>                              |                    | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start                                                     |                    | \$                          | \$                        |
| <b>RECEIPTS</b>                                                              |                    |                             |                           |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |                    | \$ 275.00                   | \$ 275.00                 |
| 6) Contributions from Individuals (CRO-1210)                                 |                    | \$ 650.00                   | \$ 650.00                 |
| 7) Contributions from Political Party Committees (CRO-1220)                  |                    | \$                          | \$                        |
| 8) Contributions from Other Political Committees (CRO-1230)                  |                    | \$                          | \$                        |
| 9) Loan Proceeds (CRO-1410)                                                  |                    | \$                          | \$                        |
| 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) |                    | \$ 925.00                   | \$ 925.00                 |
| <b>EXPENDITURES</b>                                                          |                    |                             |                           |
| 13) Disbursements                                                            |                    |                             |                           |
| 13a) Operating Expenditures (CRO-1310)                                       |                    | \$ 653.98                   | \$ 653.98                 |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             |                    | \$                          | \$                        |
| 13c) Coordinated Party Expenditures (CRO-1310)                               |                    | \$                          | \$                        |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             |                    | \$ 395.78                   | \$ 395.78                 |
| 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)          |                    | \$ 1049.76                  | \$ 1049.76                |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |                    | \$                          | \$                        |
| <b>ADDITIONAL INFORMATION</b>                                                |                    |                             |                           |
| 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)                                  |                    | \$                          | \$                        |

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                                         |                        |                           |                                          |                             |                                |                     |
|-------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|-----------------------------|--------------------------------|---------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                                  |                        |                           |                                          |                             |                                | <b>2. ID Number</b> |
| Committee to Elect Dr. Erik E. Tammack                                                                                  |                        |                           |                                          |                             |                                |                     |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                          |                        |                           |                                          |                             |                                |                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                        |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                     |
| Laurie Barkley                                                                                                          |                        |                           | No job title                             |                             |                                |                     |
|                                                                                                                         |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                     |
|                                                                                                                         |                        |                           | Not employed                             |                             |                                |                     |
|                                                                                                                         |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |                     |
|                                                                                                                         |                        |                           |                                          |                             | \$                             |                     |
| <b>f. Prior</b>                                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |                     |
| <input type="checkbox"/>                                                                                                | 1143                   | Elect. Funds              |                                          | 2/14/24                     | \$ 100.00                      |                     |
| <input type="checkbox"/>                                                                                                |                        |                           |                                          |                             | \$                             |                     |
| <input type="checkbox"/>                                                                                                |                        |                           |                                          |                             | \$                             |                     |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                          |                        |                           |                                          |                             |                                |                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                        |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                     |
| Paulette Fittshur<br>1047 Leesburg<br>Leland, NC<br>28451                                                               |                        |                           | No job title                             |                             |                                |                     |
|                                                                                                                         |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                     |
|                                                                                                                         |                        |                           | Not employed                             |                             |                                |                     |
|                                                                                                                         |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |                     |
|                                                                                                                         |                        |                           |                                          |                             | \$ 100.00                      |                     |
| <b>f. Prior</b>                                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |                     |
| <input type="checkbox"/>                                                                                                | 1143                   | check                     |                                          | 1/17/24                     | \$ 50.00                       |                     |
| <input type="checkbox"/>                                                                                                |                        |                           |                                          |                             | \$                             |                     |
| <input type="checkbox"/>                                                                                                |                        |                           |                                          |                             | \$                             |                     |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                          |                        |                           |                                          |                             |                                |                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                        |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |                     |
| Nancy Frieburger                                                                                                        |                        |                           | No job title                             |                             |                                |                     |
|                                                                                                                         |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |                     |
|                                                                                                                         |                        |                           | Not employed                             |                             |                                |                     |
|                                                                                                                         |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |                     |
|                                                                                                                         |                        |                           |                                          |                             | \$                             |                     |
| <b>f. Prior</b>                                                                                                         | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |                     |
| <input type="checkbox"/>                                                                                                | 1143                   | Elect. Funds              |                                          | 1/2/24                      | \$ 100.00                      |                     |
| <input type="checkbox"/>                                                                                                |                        |                           |                                          |                             | \$                             |                     |
| <input type="checkbox"/>                                                                                                |                        |                           |                                          |                             | \$                             |                     |
| <b>4. Total only this Page</b>                                                                                          |                        |                           |                                          |                             | \$ 250.00                      |                     |
| <b>5. Total of ALL CRO-1210 Pages</b><br><small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> |                        |                           |                                          |                             | \$ 650.00                      |                     |