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.

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OCT 20 2025
BRUNSWICK COUNTY BOARD OF ELECTIONS

1. Committee Information

a. Name of Committee	d. ID Number
Ernie for BSL	IDF6IU
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized**
1052 Redwood Dr, Boiling Spring Lakes, NC 28461	07/07/2025
c. Committee Website (Optional)	**f. Phone Number**
	910-367-1339

2. Candidate Information

a. Full Name	e. Party Affiliation
Ernest (Ernie) Siriani	Non-partisan
b. Mailing Address (include City, State, and Zip Code)	**f. Office Sought**
1052 Redwood Dr Boiling Spring Lakes, NC 28461	Commissioner

c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-367-1339	ernieslawncareplus@yahoo.com	2025	Boiling Spring Lakes

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3. Treasurer Information

a. Full Name
Shannon VanDeren
b. Mailing Address (include City, State, and Zip Code)
320 Pine Lake Road Boiling Spring Lakes, NC 28461

c. Phone Number	d. Email Address
248-210-1021	vanderen2@yahoo.com

Send report notices by email ☑ Yes ☐ No

4. Assistant Treasurer Information

a. Full Name	
n/a	
b. Mailing Address (include City, State and Zip Code)	
c. Phone Number	**d. Email Address**

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5. Custodian of Books Information (Keeper of Records)

a. Full Name	
n/a	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	**d. Email Address**

☐ Email copy of report notices

6. Account Information *(incl. CRO-3500)*

a. Financial Institution Full Name	
self-funded	
b. Account Code	**c. Type**

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.

SHANNON VAN DEREN	Shannon VanDeren	10·16·25
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.

ERNEST SIRIANI		10-16-25
Printed Name of Candidate	Signature of Candidate	Date

PL 10/20/25 hand delivered