Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee. This form must be accompanied by forms CRO-3100 and CRO-3500 (when

Amendmen	ıt
✓ Yes	☐ No

	accompanied by forms C	NO-3100 and C	KO-3300 (When at	nending, or	ny re-submit ii applicable).	
1. Committee Info	rmation		news, ranking			
a. Full Name					c. ID Number	
Campaign for Du	stin Strickland					
b. Mailing Address (include City, State and Zip Code)				d. Date Organized		
1172 18th Avenue NE					5/15/2017	
Hickory, NC 286	J I				e. Phone Number	
					828.855.5186	
2. Candidate Info	rmation			Candid	ate's Primary Committee	
a. Full Name			e. Candidate ID Nu	mber	f. Party Affiliation	
Dustin Lamont St	rickland				Non-partisan	
b. Mailing Address (in	clude City, State, and Zip Co	de)	g. Office Sought (Indicate Non-partisan if applicate			
1172 18th Avenue	e NE, Hickory, NC 2860	1	City Council (Ale	derman) - F	Hickory, Ward 1	
c . Phone Number	d. Email Address		h. Next Election Yea	r	i. Jurisdiction	
828.855.5186	dstrick1971@gmail.co	m	2010		Hickory Word 1	
Email copy of r	notices		_ 2019 F		Hickory, Ward 1	
3. Treasurer Info	mation		4. Custodian of	Books Info	rmation	
a. Full Name			a. Full Name			
Dustin Lamont St					DEPEND	
b. Mailing Address (in	clude City, State, and Zip Co	de)	b. Mailing Address (include City, State, and Zip Code)			
1172 18th Avenue NE Hickory, NC 28601				APR 08 2.		
c. Phone Number	d. Email Address		c. Phone Number d. Email Address			
				ľ		
I prefer to receive	e notices by email	Yes No	Email copy	of notices	s	
5. Assistant Treas		Add	6. Account Information (incl. CRO-3500) Add			
a. Full Name		Remove	a. Financial Instituti	on Full Name	e Remove	
			Capital Bank			
b. Mailing Address (in	clude City, State, and Zip Coo	de)	b. Purpose			
			Campaign Acco	unt		
c. Phone Number	d. Email Address		c. Account Code	d. Type		
[Email conv.	of motions		A	Checkir	ng	
Email copy of CERTIFICATION						
I certify that the C Chapter 163 of th	Committee or Fund is in c e NC General Statutes an	d that no funds	are commingled wi		rticle 22A, 22B & 22D-22M of ed or other non-disclosed funds.	
I further certify th	at this report is complete	, true and correc	t.			
Dus	tin Strickland	Mho	AMuce	ka	4/8/2019	
Printe	ed Name of Signer	Sig	nature of Appointed Tr	easurer	Date	

Statement of Organization - Candidate CommitteeUse this form to create a new or update an existing candidate committee.

Amendment	
✓ Yes	No

	accompanied by forms CI	RO-3100 and C	CRO-3500 (when am	ending, or	ıly re-submit i	f applicable).	
1. Committee Info	rmation			MILEV Z		Respondence	1
a. Full Name				c. ID Num	ber	1	
Campaign for Dus	stin Strickland						
b. Mailing Address (in	clude City, State and Zip Cod	e)			d. Date Or	ganizeď	1
1172 18th Avenue Hickory, NC 2860						5/15/2017	
,,,,,,)		e. Phone N	e. Phone Number	
					82	8.855.5186	
2. Candidate Info	mation	DETERMINE		Candid	ate's Primary	Committee	1
a. Full Name			e. Candidate ID Num	ıber	f. Party Af	filiation	1
Dustin Lamont Str	ickland				Non-pari		
b. Mailing Address (inc	clude City, State, and Zip Cod	e)	g. Office Sought		(Indicate No	(Indicate Non-partisan if applicable)	
	NE, Hickory, NC 28601						1
	NE, HICKOTY, NC 2000		City Council (Ald	City Council (Alderman) - Hickory, Ward 1			
c . Phone Number	d. Email Address		h. Next Election Year		i. Jurisdiction		
828.855.5186	dstrick1971@gmail.cor	n	2019		Hickory, Wa	rd 1	
Email copy of n	otices		72013		riickory, wa	iu i	
3. Treasurer Infor	mation		4. Custodian of Books Information				
a. Full Name			a. Full Name				i
Dustin Lamont Str	ickland		DEBEN				WE
b. Mailing Address (inc	clude City, State, and Zip Cod	e)	b. Mailing Address (include City, State, and Zip Code)				VI LS
1172 18th Avenue Hickory, NC 2860						AFR U8	J19
c. Phone Number	Phone Number d. Email Address		c. Phone Number d. Email Address By				
I	motions by small 17	Man DINI		<u> </u>			
I prefer to receive 5. Assistant Treasu		Yes No	6. Account Infor		fincl. CRO-3500,	1 / 644	
B. Full Name	iret intolination	Remove	a. Financial Institution		10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Add Remove	
				II I UII I IMMII		Komove	
			b. Purpose				
b. Mailing Address (inc	lude City, State, and Zip Code	e)					
			Campaign Accou	ınt			
c. Phone Number	one Number d. Email Address		c. Account Code d. Type				
		B Checking		ng			
Email copy o				1			
CERTIFICATION I certify that the C	ommittee or Fund is in co	mpliance with	all applicable provi	sions of Aı	rticle 22A, 22	B & 22D-22M of	
Chapter 163 of the	NC General Statutes and	that no funds	are commingled wit	h prohibite	ed or other no	n-disclosed funds.	
I further certify the	at this report is complete,	true and correct	et.				
Dust	tin Strickland	Nic	Muce	te	14	18/2019	
Printe	d Name of Signer	Sig	gnature of Appointed Tre	easurer		Date	
							4