

Statement of Organization - Candidate Committee

Amendment

☒ Yes☐ No

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 amending, only re-submit if applicable).

1. Committee Information			
a. Full Name		c. ID Number	
Campaign for Dustin Strickland			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
1172 18th Avenue NE Hickory, NC 28601		5/15/2017	
		e. Phone Number	
		828.855.5186	
2. Candidate Information		Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	f. Party Affiliation
Dustin Lamont Strickland			Non-partisan (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
1172 18th Avenue NE, Hickory, NC 28601		City Council (Alderman) - Hickory, Ward 1	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
828.855.5186	dstrick1971@gmail.com	2019	Hickory, Ward 1
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Dustin Lamont Strickland			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1172 18th Avenue NE Hickory, NC 28601			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
		Capital Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Campaign Account	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		A	Checking
<input type="checkbox"/> Email copy of notices			
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.			
Dustin Strickland		4/8/2019	
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	

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Amendment
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1. Committee Information

a. Full Name	c. ID Number
Campaign for Dustin Strickland	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
1172 18th Avenue NE Hickory, NC 28601	5/15/2017
	e. Phone Number
	828.855.5186

2. Candidate Information

Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Dustin Lamont Strickland		Non-partisan (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
1172 18th Avenue NE, Hickory, NC 28601	City Council (Alderman) - Hickory, Ward 1	
c. Phone Number	d. Email Address	h. Next Election Year
828.855.5186	dstrick1971@gmail.com	2019
<input type="checkbox"/> Email copy of notices		i. Jurisdiction
		Hickory, Ward 1

3. Treasurer Information

4. Custodian of Books Information

a. Full Name	a. Full Name
Dustin Lamont Strickland	
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)
1172 18th Avenue NE Hickory, NC 28601	
c. Phone Number	d. Email Address
c. Phone Number	d. Email Address

I prefer to receive notices by email ☒ Yes ☐ No ☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add
☐ Remove

a. Full Name	a. Financial Institution Full Name
	BB&T
b. Mailing Address (include City, State, and Zip Code)	b. Purpose
	Campaign Account
c. Phone Number	d. Email Address
c. Account Code	d. Type
B	Checking

☐ Email copy of notices

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.

Dustin Strickland

Printed Name of Signer

Signature of Appointed Treasurer

Date