

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.

1. Committee Information				
a. Name of Committee	d. ID Number			
<i>Jennifer Strickland Committee</i>		<i>ZK16HX</i>		
b. Mailing Address (include City, State and Zip Code)	e. Date Organized			
<i>686 Riverbend Rd. Goldsboro NC 27530</i>		<i>12-1-25</i>		
c. Committee Website (Optional)	f. Phone Number			
		<i>919-921-0670</i>		
2. Candidate Information				
a. Full Name	e. Party Affiliation			
<i>Jennifer Smith Strickland</i>		<i>Republican</i>		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought			
<i>686 Riverbend Rd. Goldsboro NC 27530</i>		<i>County Commissioner At-Large</i>		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction	
<i>919-921-0670</i>	<i>jiffstrickland@hotmail.com</i>	<i>2026</i>		
<input type="checkbox"/> Email copy of report notices				
3. Treasurer Information				
a. Full Name	b. Mailing Address (include City, State and Zip Code)			
<i>Jennifer Smith Strickland</i>		<i>Wayne County Board of Elections</i>		
b. Mailing Address (include City, State, and Zip Code)	d. Email Address			
<i>686 Riverbend Rd. Goldsboro NC 27530</i>		<i>Received By</i>		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction	
<i>919-921-0670</i>	<i>jiffstrickland@hotmail.com</i>			
<input checked="" type="checkbox"/> Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of report notices				
5. Custodian of Books Information (Keeper of Records)				
a. Full Name	b. Mailing Address (include City, State and Zip Code)			
<i>Jennifer Strickland</i>		<i>1601 Wayne Memorial Dr. Goldsboro NC 27530</i>		
b. Mailing Address (include City, State, and Zip Code)	d. Email Address			
<i>686 Riverbend Rd. Goldsboro NC 27530</i>		<i>01 Checking</i>		
c. Phone Number	d. Email Address	b. Account Code	c. Type	
<i>919-921-0670</i>		<i>01</i>	<i>Checking</i>	
<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>				
<i>Jennifer Smith Strickland</i>		<i>Jennifer Smith Strickland</i>		<i>12-3-25</i>
Printed Name of Treasurer		Signature of Appointed Treasurer		Date
<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>				
<i>Jennifer Smith Strickland</i>		<i>Jennifer Smith Strickland</i>		<i>12-3-25</i>
Printed Name of Candidate		Signature of Candidate		Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name:

Jennifer Smith Strickland

Committee Name:

Jennifer Strickland Committee

Treasurer Name:

Jennifer Smith Strickland

If Candidate is own treasurer, designate an agent to carry out designations: Billy Strickland

Committee ID #:

ZK16HX

Level Registered:

[State] [County] If county, specify: Wayne

I, Jennifer Strickland, hereby direct that in the event of my death or incapacity all
(Name of Candidate)

funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity
(Select from §163-278.16B(a))

Plan for Disbursement (eg. Amount or %)

1. Wayne Pregnancy Center

100%

2. _____

3. _____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate:

Jennifer Strickland
12-3-25

Date: