

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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	
Jennifer Strickland Committee		ZK16HX	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
686 Riverbend Rd. Goldsboro NC 27530		12-1-25	
c. Committee Website (Optional)		f. Phone Number	
		919-921-0670	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Jennifer Smith Strickland		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
686 Riverbend Rd. Goldsboro NC 27530		County Commissioner At-Large	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-921-0670	jiffstrickland@hotmail.com	2026	
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Jennifer Smith Strickland		Wayne County Board of Elections	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
686 Riverbend Rd. Goldsboro NC 27530		DEC 03 2025	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-921-0670	jiffstrickland@hotmail.com		Received By _____
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
Jennifer Strickland		KS Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
686 Riverbend Rd. Goldsboro NC 27530		01	
c. Phone Number	d. Email Address	c. Type	
919-921-0670		Checking	
<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> <p> <u>Jennifer Smith Strickland</u> <u>Jennifer Smith Strickland</u> <u>12-3-25</u> Printed Name of Treasurer Signature of Appointed Treasurer Date </p> <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> <p> <u>Jennifer Smith Strickland</u> <u>Jennifer Smith Strickland</u> <u>12-3-25</u> Printed Name of Candidate Signature of Candidate Date </p>			



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] [Wayne] If county, specify: Wayne

I, Jennifer Strickland, hereby direct that in the event of my death or incapacity all 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 <i>(Select from §163-278.16B(a))</i>	Plan for Disbursement (eg. Amount or %)
1. <u>Wayne Pregnancy Center</u>	<u>100%</u>
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

Date: 12-8-25