

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

John Snow for Clerk

d. ID Number

b. Mailing Address (include City, State and Zip Code)

PO Box 427 Elkin NC 28621

e. Date Organized

3/14/22

c. Committee Website (Optional)

johnsnowclerk.com

f. Phone Number

336-986-6310

2. Candidate Information

a. Full Name

John R. Snow

e. Party Affiliation

Democrat

b. Mailing Address (include City, State, and Zip Code)

260 West Main Rd Winston Salem NC 27107

f. Office Sought

Clerk of Superior Court

c. Phone Number

336-986-6310

d. Email Address

john.snow.clerk@gmail.com

g. Next Election Year

2022

h. Jurisdiction

Clerk of Court

☒ Email copy of report notices

3. Treasurer Information

a. Full Name

John Worth Wiles

b. Mailing Address (include City, State, and Zip Code)

PO Box 427 Elkin NC 28621

c. Phone Number

336-755-6684

d. Email Address

john@johnworthwiles.com

Send report notices by email ☒ Yes ☐ No

4. Assistant Treasurer Information

a. Full Name

b. Mailing Address (include City, State and Zip Code)

c. Phone Number

d. Email Address

☐ 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)

c. Phone Number

d. Email Address

☐ Email copy of report notices

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

Wells Fargo

b. Account Code

1992

c. Type

Checking

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.

John Worth Wiles

Printed Name of Treasurer

Signature of Appointed Treasurer

2022/03/14
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.

John R. Snow

Printed Name of Candidate

Signature of Candidate

3/14/2022
Date



FORSYTH COUNTY
BOARD OF ELECTIONS
2022 MAR 14 PM 1:45
RECEIVED

NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

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

FILED BY:

Committee Name:

John Snow for Clerk

Treasurer Name:

John W. Wiles

Treasurer Address:

P.O. Box 427

(include city, state, & zip)

Elkin NC

Treasurer Phone:

333-755-6689

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

☐ I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

03/14/2022

Date Signed

Signature



FORSYTH COUNTY
BOARD OF ELECTIONS

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: John R. Snow

Committee Name: John Snow For Clerk

Treasurer Name: John W. Wiles

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

Committee ID #: _____

Level Registered: (State) [County] If county, specify: _____

I, John R. Snow, 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. <u>Augsburg Lutheran Church</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: John R. Snow

Date: 03/14/22