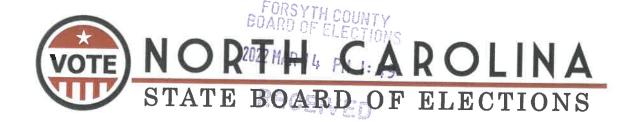
## **Statement of Organization - Candidate Committee**

Is	this	statem	ent:	
K	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 Info	rmation					
a. Name of Committee				d. ID Number		
John Sa	ow for Clerk					
b. Mailing Address (inc	clude City, State and Zip Code)					
PAR	Una Ell all as	2 3		e. Date Organized		
10 130X	477 EILINC 280	521		3/14/22		
c. Committee Website (				f. Phone Number		
JOHNSMI	ow Clerk. com			336-986-6310		
2. Candidate Infor	mation		TO THE WAY			
a. Full Name	,	e. Party Affiliation				
John R.	Same	Democrat				
h. Mailing Address (inc	clude City, State, and Zip Code)	DE MOEM				
A -	and City, State, and Eap Code)	f. Office Sought				
990 Mts	Warth No Salem	f. Office Sought  Clerk of Superior Court  g. Next Election Year  h. Jurisdiction				
c . Phone Number	d. Email Address	g. Next Election Year	h. Ju	risdiction		
336-986-6310	john snow clarke 9 ma	1 2 22		lerk of court		
Email copy of re	mort notices	1 2022	اد	ierk of court		
3. Treasurer Inform	nation					
a. Full Name	uation	4. Assistant Treas	urer Informa	tion 😕 🖘		
		a. Full Name		D PAR		
John War	The Wiles			THE RESERVE		
b. Mailing Address (incl	lude City, State, and Zip Code)	b. Mailing Address (in	clude City. State	and Zin Code)		
	127 Elkin NC 28621			esternes -		
	d. Email Address	c. Phone Number	d. Email Addre	266		
336-755-6689	John@johnworthwiles.com		u. Eman Addire	State Control		
Send report no	tices by email Yes No	Email copy of report notices				
5. Custodian of Boo	ks Information (Keeper of Records)	6. Account Inform		CRO-3500)		
a. Full Name		a. Financial Institution		CRO-5500)		
h. Mailing Address (incl.	ude City, State, and Zip Code)	WellsFa	rgo			
or wanting radii cas (intr	nde City, State, and Zip Code)					
. Phone Number	d. Email Address	b. Account Code	с. Туре			
		1-00	1 1			
Email copy of re	port notices	11992	LACK	179		
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 runds are commingled with prohibited or other non-fischosed funds. I further continue						
this report is complete, true and correct.						
John Jorgh Liles / State / 6 3 11						
Printed Name of Treasurer Signature of Appointed Treasurer Date						
Date Date						
certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the						
and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22 A of Chapter						
63 of the NC General Statutes.						
John R. Snaw While						
Printed N	Ciometers -CC 111		2/17/2023			
TPO 2100 4		Signature of Candidate		* Date		



## 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.

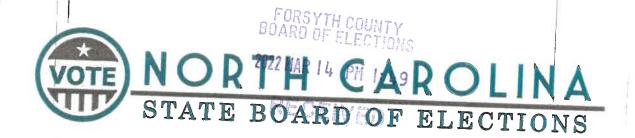
This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:	
Committee Name:	John Snow for Clerk John W. Wiles
Treasurer Name:	John W. Wiles
Treasurer Address:	P.O.Box 427
(include city, state, & zip)	EKin NC
Treasurer Phone:	333-755-6689
election cycle under the pro until the end of the election expenditures during this ele of elections and file required	nittee intends to neither receive nor expend more than \$1,000 during the current cedures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or ction cycle, I understand that I must immediately notify the appropriate board campaign finance reports.
THE DECLARATION CAI	N 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



## **Candidate Designation of Committee Funds**

This form is used by candidate committees only and allows the candidate to designate in th

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:	70KN K 3000	$\sim$				
Committee Name:	John Snow F	or Clerk				
Treasurer Name:	John W. Wile	5				
If Candidate is own treasurer, designate an agent to carry out designations:						
Committee ID #:	_	y and addigitations.				
Level Registered: [State] [County] If county, specify:						
debts or reasonable ex following manner as pe	spenses for winding up the ermitted by N.C. Gen. Stat. Fentity	nat in the event of my death or incapacity all punt(s) (after payment of permitted outstanding e Committee or closing office) be paid in the 163-278.16B(a).  Plan for Disbursement (eg. Amount or %)				
By signing this form, I of Gen. Statute 163-278.16 records. Signature of Candidate:	certify that the foregoing en SB(a). A copy of this form s  SB(a) A Copy of this form s	tities are eligible beneficiaries under N.C. hould be maintained with the Committee				