

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Statement of Organization - Candidate Committee**

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).

<b>1. Committee Information</b>					
a. Full Name			c. ID Number		
Shawn Sniff for Town Council					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
6042 The Meadows Ln Harrisburg NC 28075					
			e. Phone Number		
<b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Shawn L Sniff				Non-Partisan <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
6042 The Meadows Ln Harrisburg NC 28075			Town Council		
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
4042850050	Shawn.L.Sniff@gmail.com	2017		Harrisburg	
<input type="checkbox"/> Email copy of notices					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name			a. Full Name		
Shawn Sniff					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
6042 The Meadows Ln Harrisburg NC 28075					
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
4042850050	Shawn.L.Sniff@gmail.com				
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
<b>5. Assistant Treasurer Information</b>			<b>6. Account Information</b> <small>(incl. CRO-3500)</small>		
<input type="checkbox"/> Add <input type="checkbox"/> Remove			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name			a. Financial Institution Full Name		
			ETR AOE		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			Campaign Transactions		
c. Phone Number	d. Email Address	c. Account Code	d. Type		
		1	Checking		
<input type="checkbox"/> Email copy of notices					
<b>CERTIFICATION</b>					
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.					
Shawn Sniff		Shawn Sniff		7/31/2017	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



North Carolina  
State Board of Elections  
441 N Harrington Street  
Raleigh, NC 27603

Kim Westbrook Strach  
Executive Director

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173

### Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

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

#### FILED BY:

Candidate Name: Shawn Sniff

Treasurer Name: Shawn Sniff

Treasurer Address: 6042 The Meadows Ln

(include city, state, & zip) Harrisburg NC 28075

Treasurer Phone: 404-285-0050

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7/31/2017  
Date Signed

Shawn Sniff  
Signature of Candidate



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**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: Shawn Sniff for Town Council  
 Treasurer Name: Shawn Sniff  
 Treasurer Address: 6042 The Meadows Ln  
 (include city, state, & zip) Harrisburg NC 28075  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 404-285-0050

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.

07/31/2017  
 Date Signed

Shawn Sniff  
 Signature



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**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: Shawn Sniff

Committee Name: Shawn Sniff for Town Council

Treasurer Name: Shawn Sniff

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

Committee ID #: \_\_\_\_\_

Level Registered: [State] [County] If county, specify: \_\_\_\_\_

I, Shawn Sniff, 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>BSA Troop 638 Acworth, GA</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: Shawn Sniff

Date: 07/31/2017