

FEC FORM 1

STATEMENT OF ORGANIZATION

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2016 MAY 23 AM 9:17

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

SNYDER FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 246

(Check if address is changed)

CHASKA
CITY ▲

MM
STATE ▲

55318-
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

SNYDERFORCONGRESS2016@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.DAVIDSNYDERFORCONGRESS2016.COM

2. DATE

MM / DD / YYYY
05 / 16 / 2016

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

BETSY O'BERRY

Signature of Treasurer

Betsy O'Berry

Date

MM / DD / YYYY
05 / 16 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

2016-05-16 10:00 AM

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate DAVID SNYDER

Candidate Party Affiliation DEM Office Sought: House Senate President State NH District 06

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<u>C</u>
2.	_____	FEC ID number	<u>C</u>
3.	_____	FEC ID number	<u>C</u>
4.	_____	FEC ID number	<u>C</u>

2010-11-01 10:00:00 AM

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

BETSY D. BERRY

Mailing Address

P.O. Box 876

ANOKA

MN

55303

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

612-867-6441

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

BETSY D. BERRY

Mailing Address

P.O. Box 876

ANOKA

MN

55303

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

612-867-6441

2011-01-10 10:00:00 AM

Full Name of Designated Agent

SUSAN SNYDER

Mailing Address

1565 SUMAC CIRCLE

CARVER

CITY

MN

STATE

55315

ZIP CODE

Title or Position

ASSTANT TREASURER

Telephone number

218-269-2677

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

TLC BANK

Mailing Address

900 W 78TH STREET

CHANHASSEN

CITY

MN

STATE

55317

ZIP CODE

Name of Bank, Depository, etc.

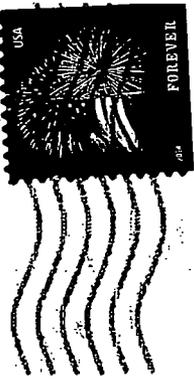
Mailing Address

CITY

STATE

ZIP CODE

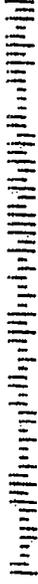
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MINNEAPOLIS MN 554
P.O. Box 246
CHASICA, MN 55318
17 MAY 2016 PM 1 T

FEDERAL ELECTION COMMISSION
999 E STREET NW
WASHINGTON, D.C. 20463



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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5/17/16 5/23/16

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Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 5/23/16
 PREPARER DATE PREPARED

20160523 10:00:00 AM