Designation of Treasurer 2013 OCT 23 AM 7: 50

| All Committees | | | FRANKLIN A | Application of the second | |
|--|---------------|-----------------------|---------------------------------------|--|--|
| Full Name of Committee PAIN FOR TRUSTEE | | | BUARD OF ELE | CTIONS | |
| Street Address | Telephone N | | e-mail Address | D 11.720 DALLE DA | |
| 7296 PONTON DR | State | 425-2669 Zin Code | FAX Number | QUICTOR PAINING | |
| CANAL WINCHESTER | 64 | Zip Code 431/0 | | | |
| Full Name of Treasurer Nathan Slunker | | | | | |
| Street Address \$13 College 51. | Telephone N | nuper [14-701-4624 | e-mail Address | Ognail Cor | |
| City (LADAS ON) f | State | Zip Code V3 DS | FAX Number | · | |
| Full Name of Deputy Treasurer (if any) | 1 0(1 | 1 10 0 | | - | |
| TIFFANI PAINI | l'estantana M | | e-mail Address | | |
| Street Address 7290 PORTER DR. | Telephone N | | tpaini@ icloud.com | | |
| City | | 592-7821 Zip Code | FAX Number | TOUCH COM | |
| CANAL MINCHESTER | ĎΗ | 43110 | | | |
| Candidate's Campaign Committee | es Only | | Barta A CCM-sia-Hadamadan | Aran Bardana | |
| Full Name of Candidate VICTVIL PAINI | | | Party Attituation/independent | Party Affiliation/Independent/Non-Partisan | |
| Street Address 7296 PONTEN DR | Office Sough | ht | Subdivision/District MADISON TOWNSHIP | | |
| CANAZ WINGHESTER | State | Zip Code 43/10 | Election Year | | |
| Signature of Candidate | | | 2013 Date 10-21-13 | | |
| Political Action Committees Only | | _ | | ····· | |
| Is the PAC sponsored by a labor organization or corporation? | | | | Acronym, if any | |
| PAC Registration Number Authorized Signature | | Date | List any affiliated PACs | | |
| Political Parties, Political Contributing En | itities, | _ | | | |
| or Legislative Campaign Funds Only | | | | | |
| Authorized Signature | | Date | Ballot Issue PAC? | es 🗆 No | |
| | | | | 4 3 | |
| 141.4 | | Dat | 10-21-13 | | |
| Signature of Treasurer Reason(s) for filing this form: | | Dai | | | |
| Original Designation of Treasurer/Acknowleds Change of Treasurer/Acknowledgement of Ap Designation or change of Deputy Treasurer | ppointment | | | | |
| ☐ Change of Committee name. The previous na | me was: | | | | |
| ☐ Change of Filing Location. The previous loca | tion was: | | | | |
| | | | | | |
| ☐ Change of Office Sought from | | | | | |
| Other. Please explain: | | | | | |