Designation of Treasurer Prescribed by Secretary of State 07/05

FILED

				1100-18-48	
All Committees		KRANGAN ASATA	TO THE WAR TO SEE	THE REPORT OF THE PARTY OF THE	
Full Name of Committee Community Partne	rship	for Edu	cation	FRANKLIN CO BOARD OF ELE	
Street Address	Telephone	Number	e-mail Address		
851 Clayeross Ct		4-853-27		umbus.rr.ca	
City Galloway	State 10 14	Zip Code 43/19	FAX Number		
Full Name of Treasurer		<u> </u>			
Street Address	Telephone	Number	e-mail Address		
Kathleen M. Joy Street Address 851 Claycross Ct City C. 11	614	-853-2775	5 Kmi @colo	Kmi @ columbus. M. com	
City Galloway	State	Zip Code 43119	FAX Number	:	
Full Name of Deputy Treasurer (if any)	0/1	1 4511			
	lio 1 1		I Address		
Street Address	Telephone	Number	e-mail Address	ļ	
City	State	Zip Code	FAX Number		
Candidate's Campaign Commit	tees Only				
Full Name of Candidate	tees only	to the state of th	Party Affiliation/Independen		
Street Address	Office Sought		Subdivision/District	Subdivision/District	
Auto Autos	Office Sough				
City	State	Zip Code	Election Year		
Signature of Candidate			Date		
Political Action Committees On	ly .				
Is the PAC sponsored by a labor If Yes, name the sponsor organization or corporation?				Acronym, if any	
PAC Registration Number Authorized Signature	weller	Date \$ 4 1	List any affiliated PACs		
Political Parties, Political Contributing	Entities,		Y was		
or Legislative Campaign Funds Only	#195.5		The state of the s		
Authorized Signature		Date	Ballot Issue PAC?	∕es □ No	
1.11			dial		
Kathlien Mayor			3/17/11		
Signature of Treasurer		ı	Date		
Reason(s) for filing this form: Original Designation of Treasurer/Acknov Change of Treasurer/Acknowledgement of Designation or change of Deputy Treasure Change of Address for	f Appointmen er	t			
☐ Change of Committee name. The previous	name was:				
☐ Change of Filing Location. The previous l	ocation was:				
The new locati	on is:				
☐ Change of Office Sought from					
Other Please explain:					